

ATTACHMENT J-0200000-05
FORMS

Over and Above Repair Work – Order Number and Description of Work Completed

REPAIR INSIDE EMERGENCY RELEASE
ON ARMS ROOM VAULT DOOR

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CRAIG WESSEL

Date: 10/27/19

Signed: 

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Issa Bangura SSG

Date: 10/18/2019

Signed: 

E-Mail: issa.bangura@mil.mil