ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY059 Date of Visit: 1/4/2019

Contractor Personnel on Site:

1. DAVID B. RUPPEL 4. _____
2. _____ 5. _____
3. _____ 6. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. Asset #10414/WO#1906/PM-SA-10414 Overhead Door, 14'1" Wide x 14' Tall
2. Asset #10417/WO#1908/PM-SA-10417 Overhead Door 12' Wide x 13'6" Tall
3. Asset #10412/WO#1904/PM-SA-10412 Overhead Door 12'2" Wide x 14' Tall
4. Asset #10410/WO#1902/PM-SA-10410 Overhead Door 12'2" Wide x 12' Tall

~~**Inspection, Testing, and Certification**~~

1. Asset #10411/WO#1903/PM-SA10411 Overhead Door 11'10" Wide x 14' Tall
2. Asset #10418/WO#1909/PM-SA-10418 Overhead Door - Roll-up - Kitchen 10'W x 4' Tall
3. Asset #10413/WO#1905/PM-SA-10413 Overhead Door 12'2" W x 14' H
4. Asset #10415/WO#1907/PM-SA-10415 Overhead Door 8'W x 10' H

Other Recurring Services

1. Asset #10374/WO#1859/PM-MO-10374 Gas Powered Emergency Generator
2. _____
3. Asset #10382/WO#1696 Microwave does not exist/was removed/not there
4. Asset #10355/WO#1901 Humidifier does Not exist/was removed/not there

NOTE:

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

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

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: DAVID B. RUPPEL Date: 1/4/2019

Signed: David B. Ruppel

To be signed by Facility Manager:

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

Print Name/Rank: Mike Moseman Date: 1/7/2019

Signed: Mike Moseman

E-Mail: Michael.Moseman.ctr@mail.mil