

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY116

Date of Visit: NOV 2018 CAEEKUST

Contractor Personnel on Site:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- |                       |                    |                    |
|-----------------------|--------------------|--------------------|
| 1. <u>10749 PM-MO</u> | <u>PM-QT-10736</u> | <u>PM-MO-10771</u> |
| 2. <u>PM-MO-10750</u> | <u>PM-QT-10737</u> | <u>PM-QT 10692</u> |
| 3. <u>PM-MO-10751</u> | <u>PM-QT-10738</u> |                    |
| 4. <u>PM-MO-10752</u> | <u>PM-QT-10739</u> |                    |
| <u>PM-QT-10753</u>    | <u>PM-QT-10753</u> |                    |

Inspection, Testing, and Certification

- |          |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Other Recurring Services

- |          |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Service Calls -- Service Call Number and Description

- |          |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |

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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: RAYMON VILLANUEVA Date: 11/30/2018  
Signed: *[Signature]*

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: Patrick Scanlon Date: 12/19/2018  
Signed: *[Signature]*  
E-Mail: Patrick.T.Scanlon.CTR@MAIL.MIL