

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:

NOV2018 checklist

Contractor Personnel on Site:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
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>	

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

## **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Ramon Villanueva Date: 11/30/2018  
Signed: R. Villanueva

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: Datuk T Salleh

E-Mail: Patrick.t.Scarlou.CTR@mail.mil