

ATTACHMENT J-0200000-05
FORMS

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: RAMON VILANUEVA Date: 12/13/2018
Signed: R. Vilanueva

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 T. Scanlon (AFOS) Date: 12/13/2018
Signed: Patrick T. Scanlon
E-Mail: Patrick.T.Scanlon.CTR@mail.mil

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CERTIFICATION OF WORK

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

FACID/Building: NY 116-01 Date of Visit: 11/21/2018

Contractor Personnel on Site:

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

Work Performed:

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

- | | |
|------------------------|-------|
| 1. <u>HWP-10672-1</u> | _____ |
| 2. <u>HWP-10672-2</u> | _____ |
| 3. <u>CHWP-10673-1</u> | _____ |
| 4. <u>CHWP-10673-2</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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To be signed by the Contractor:

Print Name: William Date: 12/13/2018
Signed: RAXON VILCAJUEVA

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 T. Scanlon (AFOS) Date: 12/13/2018
Signed: Patrick T. Scanlon
E-Mail: Patrick.T.Scanlon.ctr@mail.mil