

ATTACHMENT J-0200000-05  
FORMS

**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: Rachael Vicens Date: 12/13/2018  
Signed: R. Vicens

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:

best of my knowledge, completed the stated work items.

Print Name/Rank: Patrick T. Scanlon (AFOS) Date: 12/13/2018

Signed: Patrick T. Scanlon

E-Mail: [Patrick.t.Scawton.Ctr@mail.mil](mailto:Patrick.t.Scawton.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: *NY116-01*

Date of Visit:

*11/21/2018*

Contractor Personnel on Site:

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

**Work Performed:**

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

1. *HWP-10672-1*
2. *HWP-10672-2*
3. *CHWP-10673-1*
4. *CHWP-10673-2*

**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: Willowena Date: 12/13/2018  
Signed: RAXON WILLOWENA

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:

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