

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: X1/116

Date of Visit: 5/27/2019 - 5/30/19

Contractor Personnel on Site:

W.O.# ASSET #

1. 3433 - PM-MO-10749
2. 3434 - PM-MO-10750
3. 3435 - PM-MO-10751
- 3436 - PM-MO-10752
- Work Performed: 3437 - PM-MO-10755

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

- W.O.# ASSET #
1. 3544 - PM-BT-10672
 2. 3545 - PM-QT-10673
 3. 3546 - PM-QT-10692
 4. 3547 - PM-QT-10693
 - 3548 - PM-QT-10694

Inspection, Testing, and Certification

- W.O.# ASSET #
1. 3549 - PM-BT-10695
 2. 3550 - PM-QT-10696
 3. 3551 - PM-QT-10736
 4. 3552 - PM-QT-10737

Other Recurring Services

- 3553 - PM-QT-10738
- 3554 - PM-QT-10739
1. 3555 - PM-QT-10757
2. 3438 - PM-MO-10771
3. _____
4. _____

Service Calls - Service Call Number and Description

1. _____
2. _____
3. _____

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: RAYMON VILLANUEVA

Date: 5/30/2019

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 T. Scanlon Date: 5/30/2019

Signed: [Signature]

E-Mail: Patrick.T.Scanlon.civ@mail.mil