

CERTIFICATION OF WORK

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

FACID/Building: X4/116

Date of Visit:

5/27/2019-5/30/19

Contractor Personnel on Site:

W. O #

ASSET #

1. 3433 — PKH-KO-10749
2. 3434 — PKH-KO-10750
3. 3435 — PKH-KO-10751
4. 3436 — PKH-KO-10752
5. 3437 — PKH-KO-10755

Work Performed:

3437 - PKH-KO-10755

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

W. O #

ASSET #

1. 3544 — PKH-QT-10672
2. 3545 — PKH-QT-10673
3. 3546 — PKH-QT-10692
4. 3547 — PKH-QT-10693
5. 3548 — PKH-QT-10694

Inspection, Testing, and Certification

W. O # — ASSET #

1. 3549 — PKH-QT-10695
2. 3550 — PKH-QT-10696
3. 3551 — PKH-QT-10736
4. 3552 — PKH-QT-10737
5. 3553 — PKH-QT-10738
6. 3554 — PKH-QT-10739

Other Recurring Services

1. 3555 — PKH-QT-10757
2. 3438 — PKH-KO-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: Ramon Villanueva Date: 5/30/2019

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 T. Scanlon Date: 5/30/2019

Signed: Pat Scanlon

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