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: 11/25/2019

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 AFOS Date: 11/26/2019

Signed: [signature]

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

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: NM116 Date of Visit: 11/25/11-29/19

Contractor Personnel on Site: ASSET # W.O #

1. PM-MO-10749 4. 5750
2. PM-MO-10750 5. 5751
3. PM-MO-10751 6. 5752
PM-MO-10752 5753
Work Performed: PM-MO-10755 5754

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

PM-QT-10672 5851
1. PM-QT-10673 5852
2. PM-QT-10692 5853
3. PM-QT-10693 5854
4. PM-QT-10694 5855
PM-QT-10695 5856

Inspection, Testing, and Certification

PM-QT-10696 5857
1. PM-QT-10736 5858
2. PM-QT-10737 5859
3.
4. PM-QT-10738 5860
PM-QT-10739 5861

Other Recurring Services

PM-QT-10753 5862
1. PM-Q-190917464 5593
2. PM-Q-190917465 5593
3. PM-QT-1905-17482 5593
4. PM-Q-19091-7471 5553
PM-MO-10771 5755

Service Calls – Service Call Number and Description

1. PM-QT 190917-4811 5593
2.
3.