

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: 7/9/2020
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: 7/26/2020

Signed: [Signature]

E-Mail: Patrick.T.Scanlon.C+R@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: NY 116 Date of Visit: 7/9/2020

Contractor Personnel on Site: ADREY A W. O. A

- | | |
|-----------------------|-------------|
| 1. <u>PM-MO-10749</u> | <u>9158</u> |
| 2. <u>PM-MO-10750</u> | <u>9159</u> |
| 3. <u>PM-MO-10751</u> | <u>9160</u> |
| <u>PM-MO-10752</u> | <u>9161</u> |

Work Performed:

PM-MO-10755 9162

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

- | | |
|-----------------------|-------------|
| 1. <u>PM-SA-10760</u> | <u>9216</u> |
| 2. <u>PM-SA-10764</u> | <u>9217</u> |
| 3. <u>PM-SA-10765</u> | <u>9218</u> |
| 4. <u>PM-MO-10771</u> | <u>9163</u> |

Inspection, Testing, and Certification

- | |
|-----------------------------|
| 1. <u>OUTSIDE WORK ONLY</u> |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Other Recurring Services

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

Service Calls - Service Call Number and Description

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |