

ATTACHMENT J-0200000-05
FORMS

Over and Above Repair Work – Order Number and Description of Work Completed

11

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: RAMON VILLANUEVA Date: 7/9/2020
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: 7/26/2020

Signed: Patrick D. Kelly

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

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FORMS

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

FACID/Building:

Date of Visit:

Contractor Personnel on Site:

1. PKH-MO - 10749 9158
2. PKH-MO 10750 9159
3. PKH-MO - 10751 9160

PKH-MO - 10752 9161

Work Performed:

PKH-MO - 10755 9162

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

1. PM-SA-10760 - 9216
2. PM-SA-10764 - 9217
3. PM-SA 10765 - 9218
4. PM-MO-10771 - 9163

Inspection, Testing, and Certification

1. OUTSIDE WORK ONLY
2.
3.
4.

Other Recurring Services

1.
2.
3.
4.

Service Calls – Service Call Number and Description

1.
2.
3.