

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: Po 651 -01 Date of Visit: 9/18/19

Contractor Personnel on Site:

1. Troy Lamm
2. Jim Geertzen
3. _____

4. _____
5. _____
6. _____

Work Performed:

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

1. 10943
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertzen Date: 9-18-19

Signed: Jim Geertzen

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: CHARLES DOWNE CWS Date: 18 SEP 19

Signed: CDW

E-Mail: CHARLES.L.DOWNE.mil@mail.mil