

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: 814116-01 Date of Visit: 9-11-19

Contractor Personnel on Site:

1. CARMINE MABPETH lock
2. \_\_\_\_\_
3. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Inspection, Testing, and Certification

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Other Recurring Services

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Service Calls -- Service Call Number and Description

1. Reset combination on vault door AMSA 1066
2. \_\_\_\_\_
3. \_\_\_\_\_

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**Over and Above Repair Work -- Order Number and Description of Work Completed**

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Steve Miller Date: 10-9-11-19  
Signed: Steve Miller

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed:

E-mail:

E-Mail: