

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: 910 102 Ave Date of Visit: 5-3-21

Contractor Personnel on Site:

1. DAVE N
2. _____
3. _____
4. _____
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. CSS#30341 / wott 12862
2. _____
3. water leaking from Att #4.

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

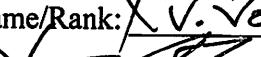
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dave Nelson Date: 5-3-21
Signed: 

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: X. T. Johnson AFOS Date: _____
Signed: 
E-Mail: _____