



ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: \_\_\_\_\_

Date of Visit: 7/8/20

Contractor Personnel on Site:

1. Drew Lubchus 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 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. WOT#9333 NO A/C  
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:

To be signed by the Contractor:

Print Name: DINO LAPIANI Date: 7/8/20

Signed: Dino Lapiani

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: Negasi F. Tesfay Date: 7/8/20  
Signed: Negasi F. Tesfay  
E-Mail: negasi.f.tesfay.cw@mail.mil

