

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY116 Date of Visit: _____

Contractor Personnel on Site:

1. _____
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. _____
2. _____
3. _____

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

Repaired dry wall and painted 1200 sqf of hallways

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Peter Mullen Date: 11/06/2019

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: 155

best of my knowledge, completed the stated work listed: *AFOS*
Print Name/Rank: Patrick T. Scanlon Date: 11/06/2019

Signed: Patrick T. Scanlon

E-Mail: Patrick.T.Scarfone.ctr@mail.mil