

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: PA013 Date of Visit: 11-30-18

Contractor Personnel on Site:

1. DON HOPCUTK
2. JAMES Scott
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. Repair wire mesh panel at gate
2. _____
3. _____

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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: Don Horowitz Tim Soff Date: 11-30-18
Signed: Don Horowitz

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: Joshua E. Croscutt / SSG Date: 11-30-18
Signed: Joshua E. Croscutt
E-Mail: joshua.e.croscutt.mil@mail.mil



