

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: WV046 Date of Visit: 2/28/19

Contractor Personnel on Site:

- |                    |          |
|--------------------|----------|
| 1. <u>Ray Chan</u> | 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. 7586 Diagnose Parts washer
2. 7587 Diagnose Lube system issues
3. 7589 Diagnose Air Valve on Oil Recovery System

Description or Problem

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

7587 Lube - BAY 2/3 Leaky Hose BAY 6/7 Screen Broken - yellow  
BAY 6/7 worn spray Locked Bk BAY 6/7 Blue worn mirror  
BAY 3/4/5/6 Blue Broken Screen (one) Blue Hose leaks  
BAY 3/4/5/6 - Yellow Doesn't work  
7589 Lube Burn AREA - NEED 4 new or less, All 4 regular leaks  
Oil Recovery - AIR valve Does not shut when tank is full - Spill Risk!  
PANS washer - Rotation motor Seized, Electrical Controls Burned up  
7586

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Ray Chan Date: 2/28/19

Signed: 

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: Dwayne Felton WG08 Date: Feb 28, 2019

Signed: 

E-Mail: dwayne.a.felton4.civ@mail.mil