

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 of Problem

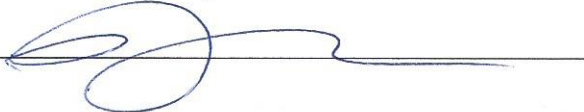
Over and Above Repair Work – Order Number and Description of Work Completed

Lube - BAY 2/3 Leaky Hose BAY 6/7 Screen Broken - yellow
TS87 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
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
TS86

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