

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY011 Date of Visit: 1/8/2020

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>STEVE PETEAN</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 CSS # 23262

- |   |
|---|
| 1. <u>CHECK TIGER FLOW SYSTEM FOR LEAKS AND</u> |
| 2. <u>OPERATION</u>                             |
| 3. _____  |

ATTACHMENT J-0200000-05  
FORMS

**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:

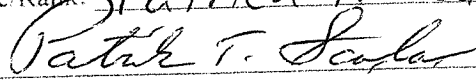
Print Name: STEVEN PETEAN Date: 1/8/2020

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: AFOS

Print Name/Rank: Patrick T. Scanlon Date: 1/8/2020

Signed: 

E-Mail: Patrick.T.Scanlon.Ctr@mail.mil

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: SSG ILL 2500 RT 17K Date of Visit: 2/6/2020

Contractor Personnel on Site:

1. Steve Peteani
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. CSS 23262 Check Tiger Pump System
2. \_\_\_\_\_
3. \_\_\_\_\_

**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:

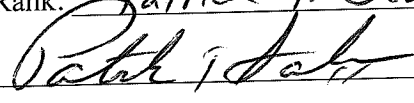
Print Name: Steve Peteani Date: 2/6/20

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:

Print Name/Rank: Patrick J. Scanlon AFOS Date: 2/6/20

Signed: 

E-Mail: Patrick.J.Scanlon.ctr@mail.mil

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY011

Date of Visit: 3/6/2020

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>STEVE PETEAN</u>  | 4. _____ |
| 2. <u>STEVE MESSINA</u> | 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. <u>CSS 23262 - COMPLETE PUMP REPAIRS</u> |
| 2. _____                                    |
| 3. _____                                    |

ATTACHMENT J-0200000-05  
FORMS

**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:

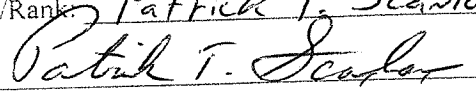
Print Name: STEVEN PETERANI Date: 3/6/2020

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:

Print Name/Rank: Pattick T. Scanlon <sup>IAFOS</sup> Date: 3/6/2020

Signed: 

E-Mail: Pattick.T.Scanlon.CTR@mail.mil