

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: 910 RAZ Ave Date of Visit: 2/5/2020

Contractor Personnel on Site:

- | | |
|---------------------------|----------|
| 1. <u>Steve Peteani</u> | 4. _____ |
| 2. <u>Alisha GASIUNAS</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. CSS 22261 Replace glycol Feed modules.
2. _____
3. _____

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

pumped 55 gallons of glycol into
heating system.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Steve Peteani Date: 2/5/20

Signed: [Signature]

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 T Scanlon AFS Date: _____

Signed: [Signature]

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