

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. Steve Petean
2. Alisha Gasuunas
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 22261 Replace glycol feed modules.
2. _____
3. _____

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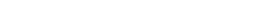
Over and Above Repair Work – Order Number and Description of Work Completed

pumped 55 gallons of glycol into heating system.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Steve Petean; Date: 2/5/20

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:

best of my knowledge, completed the stated work listed: *Patrick T Scanlon* *AFS*
Print Name/Rank: _____ Date: _____

Signed: Patrick Scher

E-Mail: Patrick.t.Scarioni@ctrl@mail.mil