

21-0006142

Paul

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: US Army Reserve <sup>Platts.</sup> Date of Visit: 4/30/21

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Paul Williams</u> | 4. _____ |
| 2. _____                | 5. _____ |
| 3. _____                | 6. _____ |

Work Performed:

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- |          |             |
|----------|-------------|
| 1. _____ |             |
| 2. _____ |             |
| 3. _____ |             |
| 4. _____ | <u>Text</u> |

Inspection, Testing, and Certification

- |          |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Other Recurring Services

- |          |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Service Calls – Service Call Number and Description

- |   |
|---|
| 1. <u>Maintenance bay - emergency light. Found bad</u>      |
| 2. <u>transformer and missing 12v battery that supplies</u> |
| 3. <u>backup power upon power loss. Quoted work to</u>      |
| <u>replace. Followed osha standards and verified</u>        |
| <u>operation of unit upon replacement.</u>                  |

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

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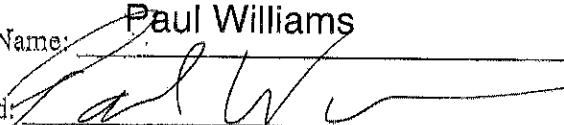
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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Paul Williams Date: \_\_\_\_\_  
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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_