

21-6606142

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 ^{Platts.} Date of Visit: 4/30/21

Contractor Personnel on Site:

1. Paul Williams

4. _____

2. _____

5. _____

3. _____

6. _____

Work Performed:

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

1. _____

2. _____

3. _____

4. _____

Text

Inspection, Testing, and Certification

1. _____

2. _____

3. _____

4. _____

Other Recurring Services

1. _____

2. _____

3. _____

4. _____

Service Calls - Service Call Number and Description

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

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Paul Williams Date: _____
Signed: Paul Williams

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: