

21-8428

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 Res. NY 054 Date of Visit: 08-11-2021

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. <u>N/A</u> |
| 4. _____      |

Inspection, Testing, and Certification

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

Other Recurring Services

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

Service Calls - Service Call Number and Description

- |               |
|---------------|
| 1. _____      |
| 2. <u>N/A</u> |
| 3. _____      |

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

CSS28918 / WO12846

Replaced 4 faulty emergency lights  
and verified operation of new lights

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Paul Williams Date: 08-30-2021

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: Chris Anson Date: 31 Aug 21

Signed: 

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