

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. Paul Williams
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. _____
2. _____
3. N/A
4. _____

Inspection, Testing, and Certification

1. _____
2. _____
3. N/A
4. _____

Other Recurring Services

1. _____
2. _____
3. N/A
4. _____

Service Calls – Service Call Number and Description

1. _____
2. N/A
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: Paul

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: Chris Anson
E-Mail: _____