

ATTACHMENT J-0200000-05  
FORMS

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

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: STEVEN MILLER Date: 2-10-20

Signed: Steven Miller

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: \_\_\_\_\_

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY 023-200 Date of Visit: 2-19-2020

Contractor Personnel on Site:

- |                      |          |
|----------------------|----------|
| 1. <u>Jim GOTTEN</u> | 4. _____ |
| 2. _____             | 5. _____ |
| 3. _____             | 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

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|---------------------|--------------------------------|
| 1. <u>QSI-22366</u> | <u>REPLACE HEATING COIL IN</u> |
| 2. _____            | <u>TRANE SPLIT UNIT + TEST</u> |
| 3. _____            | <u>SYSTEM</u>                  |