

CERTIFICATION OF WORK

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

FACID/Building: Sangerfest

Date of Visit: 10/14/21

Contractor Personnel on Site:

1. Mike Duvall
2. _____
3. _____

4. _____
5. _____
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

1. CS# 28398, WO# 11484 → Removed Broken Condensate
Lines @ Boiler 1 & 2, Replaced
w/ New.
2. _____
3. _____

ATTACHMENT J-0200000-05
FORMS

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

Date:

12|8|21

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:

E-Mail: [\[REDACTED\]](mailto:)

E-Mail: [\[REDACTED\]](mailto:)