

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: P0051-227 Date of Visit: 2-5-19

Contractor Personnel on Site:

- |                          |          |
|--------------------------|----------|
| 1. <u>Dominic Stango</u> | 4. _____ |
| 2. _____                 | 5. _____ |
| 3. _____                 | 6. _____ |

Work Performed:

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

- |  |
|--|
| 1. <u>CSS # <del>17534</del> 17534</u> |
| 2. _____                               |
| 3. _____                               |
| 4. _____                               |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dominic Stango Date: 2-5-19

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline.

Print Name/Rank: Al Moulouki Date: 2/6/19

Signed: 

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