

CERTIFICATION OF WORK

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

FACID/Building: PAG51-01 Date of Visit: 7-16 @ 7-17

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>CHARLES RITES</u> | 4. _____ |
| 2. <u>RAYMON RITES</u>  | 5. _____ |
| 3. _____                | 6. _____ |

Work Performed:

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

1. PM OIL CHANGE WO# 9863 ASSET # 7655
2. NO ISSUES
3. VERIFY SAFETIES (NIC) TOW MOTOR USED FOR
4. OPERATING DOORS
5. \_\_\_\_\_
6. \_\_\_\_\_

To be signed by the Contractor:

Print Name: Technicians Name CHARLES RITES Date: 7-17-19

Signed: [Signature]

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 MALINSKI Date: 7/17/19

Signed: [Signature]

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

## DAILY REPORT TO INSPECTOR

Date \_\_\_\_\_

**CONTRACTOR NO.**

TITLE AND LOCATION	DATE	TIME	PERSONS	REMARKS
1. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
3. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
4. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
5. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
6. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
7. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
8. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
9. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
10. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
11. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
12. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
13. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
14. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
15. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
16. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
17. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
18. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
19. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
20. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
21. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
22. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
23. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
24. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
25. [illegible]	[illegible]	[illegible]	[illegible]	[illegible]
26. [illegible]	[illegible]			

REPORT NO.

**CONTRACTOR** (Prime or Subcontractor)

NAME OF SUPERINTENDENT OR FOREMAN

**WEATHER - A.M.**

TEMPERATURE - A.M.

OF

**WEATHER - P.M.**

TEMPERATURE - P.M.

OF

**PRIME CONTRACTOR/SUBCONTRACTOR WORKFORCE**  
(If space provided below is inadequate, use additional sheets)

### LOCATION AND DESCRIPTION OF WORK PERFORMED

[illegible]

INSPECTION AND/OR TESTING PERFORMED TODAY- FOLLOW WITH REPORT	LOCATION AND/OR ELEMENT OF WORK	REMARKS RESULTS OF INSPECTIONS/TESTING

SPEC. PARA. AND/OR DRAWING NO.	EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (Description, Sizes, Quantity)	SUBMITTAL NO. OR CERTIFICATION	DATE APPROVED

# DAILY REPORT TO INSPECTOR

Date

CONTRACTOR NO.

TITLE AND LOCATION

REPORT NO.

CONTRACTOR (Prime or Subcontractor)

NAME OF SUPERINTENDENT OR FOREMAN

WEATHER - A.M.

TEMPERATURE - A.M.

°F

WEATHER - P.M.

TEMPERATURE - P.M.

°F

PRIME CONTRACTOR/SUBCONTRACTOR WORKFORCE  
(If space provided below is inadequate, use additional sheets)

LOCATION AND DESCRIPTION  
OF WORK PERFORMED

NUMBER

TRADE

HOURS

EMPLOYER

TOTAL WORK HOURS ON JOB  
SITE THIS DATE

WERE THERE ANY LOST TIME ACCIDENTS THIS DATE?

☐ YES

☐ NO

IF "YES", A COPY OF THE COMPLETED OSHA REPORT IS REQUIRED

CUMULATIVE TOTAL OF WORK  
HOURS FROM PREVIOUS REPORT

TOTAL WORK HOURS FROM  
START OF CONSTRUCTION

INSPECTION AND/OR TESTING  
PERFORMED TODAY- FOLLOW WITH REPORT

LOCATION AND/OR  
ELEMENT OF WORK

REMARKS  
RESULTS OF INSPECTIONS/TESTING

SPEC. PARA.  
AND/OR DRAWING NO.

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB  
(Description, Sizes, Quantity)

SUBMITTAL NO.  
OR CERTIFICATION

DATE  
APPROVED



Safety Edge Damage by Tow Motor  
Safety Horn Taped Off



Hangar Door Motor Typical (7)

New Motor (#5 not) shown.