

CERTIFICATION OF WORK

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

FACID/Building: P2051-01 Date of Visit: 7-16 & 7-17

Contractor Personnel on Site:

1. Charles Rites
2. Patricia Rites
3. _____
4. _____
5. _____
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 (NICE) TOW MOTOR USED FOR
4. OPERATIVE DOORS
5. _____
6. _____

To be signed by the Contractor:

Print Name: Technicians Name: Charles Rites Date: 7-17-19

Signed: Charles Rites

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 Mayski Date: 7/17/19

Signed: Al Mayski

E-Mail:

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.

WEATHER - P.M.

TEMPERATURE - P.M.

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

**LOCATION AND DESCRIPTION
OF WORK PERFORMED**

WERE THERE ANY LOST TIME ACCIDENTS THIS DATE?

YES NO

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

**INSPECTION AND/OR TESTING
PERFORMED TODAY- FOLLOW WITH REPORT**

**LOCATION AND/OR
ELEMENT OF WORK**

REMARKS
RESULTS OF INSPECTIONS/TESTING

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

**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? <input type="checkbox"/> YES <input type="checkbox"/> NO
CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT				IF "YES", A COPY OF THE COMPLETED OSHA REPORT IS REQUIRED
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.