ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: PAPA051- 194-01 Date of Visit: 18-Apr-2019

Contractor Personnel on Site:

1. David Bulsza
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. WO#7496 -Asset #7317 Warren Lighting Master Label #527598
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. 856-430-4630- contractor cell phone
2. _____

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

_____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: David Bulsza Date: 16-Apr-2019

Signed: David Bulsza

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: [illegible] Date: 4/18/19

Signed: [illegible]

E-Mail: _____


04.18.2019


04.18.2019


04.18.2019