

BLR CTLR

BLASS

PMP1SS

PMP2SS

DAY/NT

ALARM

EMERSON

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: Pa053-01 Date of Visit: 2-14

Contractor Personnel on Site:

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

CSS# 14160

Work Performed:

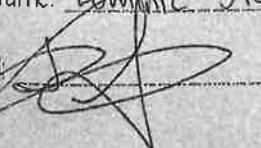
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. Met technician from Quantum to go over controls issue
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

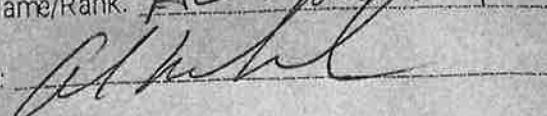
Print Name: Dominic Stango Date: 2-20

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 Moczyzka Date: 2/20/19

Signed: 

E-Mail: