

CERTIFICATION OF WORK

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

FACID/Building: PaC 53

Date of Visit: 11-9-18

Contractor Personnel on Site:

1. Dominic Stango

4. _____

2. _____

5. _____

3. _____

6. _____

Work Performed:

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

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

Inspection, Testing, and Certification

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

Other Recurring Services

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

Service Calls – Service Call Number and Description

1. CSS# 14157 replaced motor on air compressor
2. work 1325
3. _____

ATTACHMENT J-0200000-05
FORMS

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dominic Stango Date: 11-9-18

Signed: Dominic Stango

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: Charles States Date: 11/9/2018

Signed: Chh States

E-Mail: _____