

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

FACID/Building: PaC53 Date of Visit: 11-9-18

Contractor Personnel on Site:

1. Dominic Stango
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. _____
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. 11-9-18 1321
3. _____

**ATTACHMENT J-0200000-05
FORMS**

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

A series of five horizontal lines, each slightly curved upwards from left to right. A small dark speck is located on the third line from the bottom.

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: Dominic M. Strange

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 Status

E-Mail: