

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: PA055

Date of Visit: 12/20/2018

Contractor Personnel on Site:

- | | |
|----------------------|----------|
| 1. <u>Mike Flack</u> | 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. <u>WO 6842 CSS16463 - ISE Garbage Disposal in</u> |
| 2. <u>SGully buzzing. Transformer mounting screws were loose causing</u> |
| 3. <u>excessive noise. Transformer was removed and remounted with</u> |
| <u>rubber bushings. Slight buzzing still audible but at reduced, acceptable level.</u> |

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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: Mike Flack Date: 12/20/2018

Signed: 

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: TIMOTHY S PETERS Date: 20 DEC 18

Signed: 

E-Mail: _____