

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. Mike Flack
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. WO 6842 CSS16463 - ISE Garbage Disposal in
2. sewer buzzing. Transformer mounting screws were loose causing
3. excessive noise. Transformer was removed and renovated with
rubber bushings. Slight buzzing still audible but at reduced, acceptable level.

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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: info@paulschmid.com