

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: PA 017 Date of Visit: 1-29,

Contractor Personnel on Site:

- | | |
|----------------------------|--------------------------|
| 1. <u>Justin Angelelli</u> | 4. <u>Mike Angelelli</u> |
| 2. <u>Johnnie Harbold</u> | 5. _____ |
| 3. <u>Cody Taylor</u> | 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. _____
2. _____
3. _____

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

CSS 15760 WO# 5904
Replace Failed units with 4 new
Reznor Units
Assets # 4520 + 4561

CERTIFICATION OF WORK

To be signed by the Contractor:

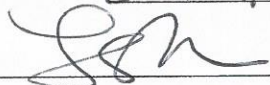
Print Name: _____ Date: _____

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: London, Leski _____ Date: 1/29/19

Signed:  _____

E-Mail: _____