

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

WD 5328 CSS# 14931

SNAKED & REPLACED TRAPS IN RESTROOMS, REPLACED
SPUD COUPLINGS ON TWO TOILETS, ADJUSTED TEMP ON 2ND
FLOOR SHOWER, REPLACED NUT ON WALL MOUNT TOILET

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: MIKE LIEB Date: 01/11/2019

Signed: Mike Lieb

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: AL POLINSKI Date: 1/11/2019

Signed: Al Polinski

E-Mail: _____

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: 292 Date of Visit: 4/11/19

Contractor Personnel on Site:

1. _____	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. _____
2. _____
3. _____