

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: PA 166-02 Date of Visit: 2-14-19

Contractor Personnel on Site:

Contractor Personnel on Site:

1. William Boice / Mr. Spike Pridemore
2. _____
3. _____
4. _____

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

Over and Above Repair Work – Order Number and Description of Work Complete:

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: William J. Boice Date: 5-20-19

Signed: William J. Boice

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: TIMOTHY S PETERS Date: 20 MAY 19

Signed: [Signature]

E-Mail: _____