

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: PA051-03 Date of Visit: 1-21-19

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>MIKE LIEB</u>     | 4. _____ |
| 2. <u>JASON HARUSKA</u> | 5. _____ |
| 3. _____                | 6. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- |   |
|---|
| 1. <u>INSTALLED #2 SHUT OFF ON BACKFLOW</u> |
| 2. _____                                    |
| 3. _____                                    |
| 4. _____                                    |

Inspection, Testing, and Certification

- |  |
|--|
| 1. <u>tested Backflow - Passed. (See Attached)</u> |
| 2. _____   |
| 3. _____   |
| 4. _____   |

Other Recurring Services

- |          |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Service Calls – Service Call Number and Description

- |          |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |

ATTACHMENT J-0200000-05  
FORMS

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

---

---

---

---

---

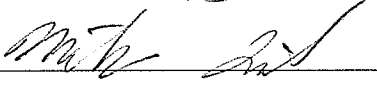
---

---

---


**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: MIKE LIEB Date: 1-21-19  
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: AL MacPHERSON Date: 1/21/19  
Signed:   
E-Mail: \_\_\_\_\_









