

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. MIKE LIEB
2. JASON HARUSKA
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. INSTALLED #2 SHOT OFF 300 BACKFLOW
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. tested Backflow - Passed (See Attached)
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

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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 LIEB Date: 1-21-19
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 MacKenzie Date: 1/21/19
Signed: Al MacKenzie
E-Mail:







