

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: Pa053-01

Date of Visit: 2-14

Contractor Personnel on Site:

1. Dominic Stango

4. ~~CS~~ CSS# 14160

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

Work Performed:

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

1. Met technician from Quantum to go over controls issue

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dominic Stango

Date: 2-20

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: AL MOLYBSKI

Date: 2/20/19

Signed: 

E-Mail: \_\_\_\_\_



BLRSS  
PMP1SS  
PMP2SS  
DAY/NT  
ALARM  
EMERSON

