

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.  CSS #14160

2. _____

5. _____

3. _____

6. _____

Work Performed:

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

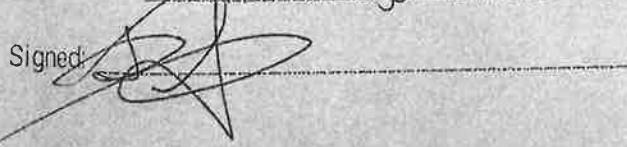
1. Met technician from Quantum to go over controls issue
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dominic Stango

Date: 2-20

Signed: 

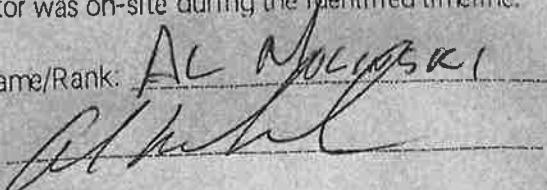
To be signed by Facility Manager:

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 Moczydzki

Date: 2/20/19

Signed: 

E-Mail:

BLR CTLR

BLASS

PMP1SS

PMP2SS

DAY/NT

ALARM

EMERSON