

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: HEATED STORAGE Date of Visit: 9-18-18
BUILDING

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>MIKE BAITUNG</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

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

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

Service Calls – Service Call Number and Description

- | | | | | |
|-------------------------------|--------------|--------------------|--------------|--------------|
| 1. <u>5196-CSS14834-PA166</u> | <u>16397</u> | <u>INVESTIGATE</u> | <u>WATER</u> | <u>LEAKS</u> |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |

