

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 BUILDING Date of Visit: 9-18-18

Contractor Personnel on Site:

1. <u>MIKE BATTUNG</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. 5196-CSS14834- PA 166 1b397 INVESTIGATE WATER LEAKS
2. \_\_\_\_\_
3. \_\_\_\_\_

