

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID: Amsa 83

Date of Visit: 4-27-21

Building: main

CSS: 2994 EST-1770

Contractor Personnel on Site:

CMMS: WO-139830

1. Keith Pearson

Service Order: ☒

2. Togaw Doucas

Corrective Maintenance: ☐

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____

Description: Re-set existing Switch, Re-booted All
Attached Devices. performed Complete
System test Now Normal @ time of
Call.

Repairs: _____

To be signed by the Contractor:

Print Name: Keith Pearson Date: 4-27-21

Signed: [Signature]

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: NO ONE Available Date: _____

Signed: _____

E-Mail: _____







Altronix

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Galaxy Control Systems

Monitor displaying security camera feed

Keyboard and Mouse

Power Outlet

Server Rack

DVR

Network Switch

White Label

Blue Cables

