

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: \_\_\_\_\_ Date of Visit: 6/23/2022

Contractor Personnel on Site:

- |                       |          |
|-----------------------|----------|
| 1. <u>Derek perry</u> | 4. _____ |
| 2. <u>Greg Conway</u> | 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. Arrived on site and called Patrick and he had someone open the building so
2. we could get in. We then got in and greg changed 3 valves and I changed 2.
3. We where unable to test do to not being able to over ride through the
4. computer.

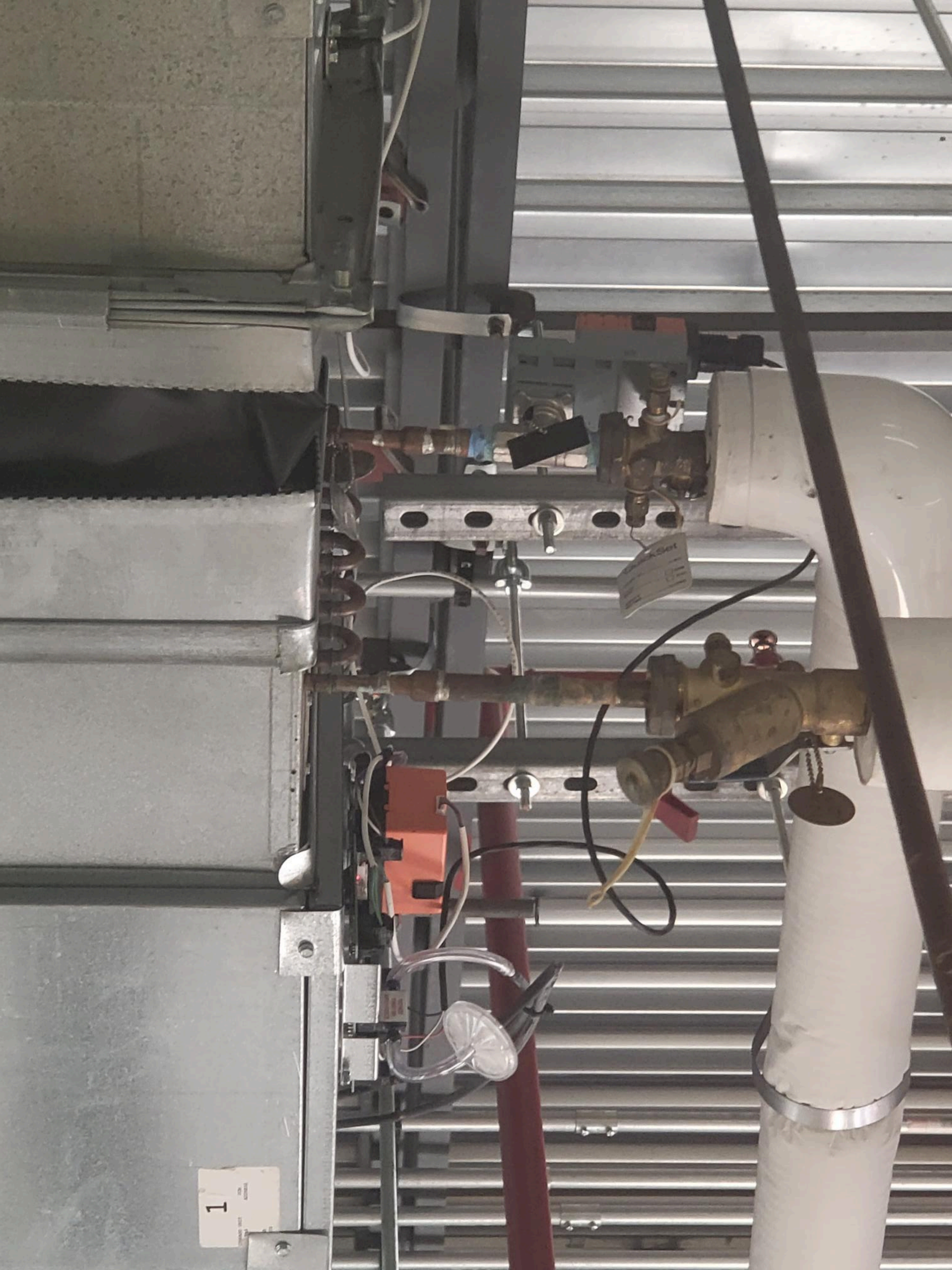
**Service Calls** – Service Call Number and Description

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_









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