

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. Derek perry
2. Greg Conway
3. _____
4. _____
5. _____
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 amd 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. _____



