

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: P4003 Date of Visit: 12/6/18

Contractor Personnel on Site:

1. Tony Lazars
2. Jim Geertges
3. Scott Warr
4. Funk Spierza
5. \_\_\_\_\_
6. \_\_\_\_\_

Work Performed:

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. 6548
2. 6451
3. 6589
4. 6714

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geertges Date: 12-6-18

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Robert Testr Date: 20181286

Signed: 

E-Mail:

OTHER RECURRING SERVICES CERTIFICATION OF WORK  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FacID/Building: 1003-01 Date of Visit: 12/6/18

Contractor Personnel on Site:

1. <u>Tony Lizzadro</u>	4. <u>Mark Sapienza</u>
2. <u>Tom Geertges</u>	5. _____
3. <u>Scott Wern</u>	6. _____

Work Performed:

Other Recurring Services

1. <u>6492</u>
2. _____
3. _____
4. _____

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jim Geertges Date: 12-6-18  
Signed: Jim Geertges

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Robert Fricke Date: 20181206  
Signed: Robert Fricke

E-Mail:

ATTACHMENT J-0200000-05  
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CERTIFICATION OF WORK  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: P4003 Date of Visit: 12/6/18

Contractor Personnel on Site:

1. Tony Lazars
2. Jim Geertges
3. Scott Warr
4. Funk Spierza
5. \_\_\_\_\_
6. \_\_\_\_\_

*Work Performed:*

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

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Print Name/Rank: Robert Testr Date: 20181286

Signed: 

E-Mail:

OTHER RECURRING SERVICES CERTIFICATION OF WORK  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FacID/Building: 1003-01 Date of Visit: 12/6/18

Contractor Personnel on Site:

1. <u>Tony Lizzadro</u>	4. <u>Mark Sapienza</u>
2. <u>Tom Geertges</u>	5. _____
3. <u>Scott Wern</u>	6. _____

Work Performed:

Other Recurring Services

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2. _____
3. _____
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Print Name: Jim Geertges Date: 12-6-18  
Signed: Jim Geertges

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Robert Fricke Date: 20181206  
Signed: Robert Fricke

E-Mail: