

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: NY054

Date of Visit: 11/4/19 - 11/22/19

Contractor Personnel on Site:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Work Performed:**

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

1. N/A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Inspection, Testing, and Certification**

1. N/A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Other Recurring Services**

1. N/A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

1. C5521534 - diagnosed bearing no good in fan
2. removed exhaust fan + installed new
3. \_\_\_\_\_

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**Over and Above Repair Work – Order Number and Description of Work Completed**

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Tammy Parisian Date: 12/5/19  
Signed: Tammy Parisian

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: \_\_\_\_\_ Date: 11/22/19

Signed:

E-Mail:

**Customer Signature**

*Jeff Clark*

**Employee Signature**

Wolff