

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: N/254

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

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | |
|---------------|
| 1. <u>N/A</u> |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Inspection, Testing, and Certification

- | |
|---------------|
| 1. <u>N/A</u> |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Other Recurring Services

- | |
|---------------|
| 1. <u>N/A</u> |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Service Calls – Service Call Number and Description

- | |
|---|
| 1. <u>C5521539 - diagnosed bearing no good in fan</u> |
| 2. <u>removed exhaust fan + installed new</u> |
| 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 Parisien Date: 12/5/19

Signed: Tammy Parisien

To be signed by Facility Manager:

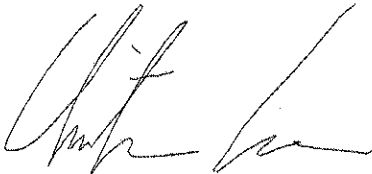
I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: _____ Date: 11/22/19

Signed: _____

E-Mail: _____

Customer Signature



Employee Signature

