

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: RAMON VICCANUEVA Date: 1/5/2019
Signed: R. Viccanueva

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: Vincent Guardam Date: 01/09/2019
Signed: 

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

FacID/Building: 144024

Date of Visit: Jan 1 - 9 - 2018

Contractor Personnel on Site:

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

Work Performed:

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

1. PM-AW-9650 PM-SA-9698 PM-MO-9761 PM-MO-9807
PM-MO-9690 PM-SA-9699 PM-SA-9762 PM-MO-9808
2. PM-KD-9691 PM-SA-9731 PM-SA-9763 PM-SA-9813
3. PM-KD-9692 PM-SA-9732 PM-MO-9766 PM-SA-9814
4. PM-SA-9690 PM-MO-9733 PM-SA-9765 PM-SA-9815
PM-SA-9695 PM-MO-9759 PM-SA-9769 PM-SA-9816

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____