

ATTACHMENT J-0200000-05
FORMS

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: RAMON VILLANUEVA Date: 10/3/2019
Signed: [Signature]

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 Giordano Date: 10/07/19
Signed: [Signature]
E-Mail: _____

CERTIFICATION OF WORK

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

FACID/Building: NY 024 Date of Visit: 10/3/19 - 10/7/19

Contractor Personnel on Site: ASSET # - W.O.# BLDG 208

1. PM - NO - 96904 - 5643
2. PM - NO - 96915 - 5644
3. PM - NO - 96922 - 5645

Work Performed:

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

1. ASSET # - W.O.# - BLDG 356
2. PM - NO - 9759 - 5686
3. _____
4. _____

Inspection, Testing, and Certification

1. ASSET # - W.O.# - BLDG 357
2. PM - NO - 9766 - 5642
3. _____
4. ASSET # - W.O.# - BLDG 358

Other Recurring Services

1. PM - NO - 9807 - 5649
2. _____
3. _____
4. _____

Service Calls - Service Call Number and Description

1. _____
2. _____
3. _____