

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: 10/31/2019
Signed: Ramon

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: 

E-Mail:

CERTIFICATION OF WORK

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

FACID/Building:

Date of Visit:

10/3/19 - 10/7/19

Contractor Personnel on Site:

ASSET # - W. O # BLDG 202

1. PAH-MO-9690 - 5643
2. PAH-MO-9691 - 5644
3. PAH-MO-9692 - 5645

Work Performed:

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

1. ASSET # - W. O # - BLDG 356
2. PAH-MO-9759 - 5696
3. _____
4. _____

Inspection, Testing, and Certification

1. ASSET # - W. O # - BLDG 357
2. PAH-MO-9766 - 5642
3. _____
4. ASSET # - W. O # - BLDG 358

Other Recurring Services

1. PAH-MO-9807 - 5649
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____