

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: 1/13/2020
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 G. Ordo Date: 1/10/20
Signed: [Signature]
E-Mail: _____

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY 024 Date of Visit: 1/3/2020

Contractor Personnel on Site: ADPRA - W. O. A.

1. PM-AN-9650-6668
2. PM-MO-9692-6708
3. PM-SA-9684-6805
PM-SA-9695-6806
PM-SA-9698-6807

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

1. PM-AN-9731-6669
2. PM-AN-9732-6670
3. PM-AN-9733-6671
4. PM-MO-9759-6709
PM-MO-9761-6710
PM-SA-9762-6808

Inspection, Testing, and Certification

1. PM-SA-9763-6809
2. PM-MO-9766-6711
3. PM-SA-9769-6810
4. PM-AN-9771-6672
PM-MO-9807-6712

Other Recurring Services

1. PM-SA-9813-6811
2. PM-SA-9814-6812
3. PM-SA-9815-6813
4. PM-SA-9816-6814
PM-MO-1909/17-219-6824

Service Calls - Service Call Number and Description

1. _____
2. _____
3. _____