

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY050

Date of Visit: MONTH OF NOVEMBER

Contractor Personnel on Site:

CHECKLIST

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

Work Performed:

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

- | | |
|-----------------------|-----------------------------|
| 1. <u>PM-MO-10019</u> | <u>ASSET # 9978-MISSING</u> |
| 2. <u>PM-MO-10020</u> | <u>ASSET # 9979-MISSING</u> |
| 3. <u>PM-MO-10025</u> | <u>ASSET # 9980-MISSING</u> |
| 4. <u>PM-MO-9972</u> | <u>ASSET # 9973-MISSING</u> |
| <u>PM-MO-10014</u> | |

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. _____ |