

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
CHECKLIST

Contractor Personnel on Site:

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

Work Performed:

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

1. PM-M0-10019 ASSET # 9978 - missing
2. PM-M0-10020 ASSET # 9979 - missing
3. PM-M0-10025 ASSET # 9980 - missing
4. PM-M0- 9972 ASSET # 9973 - missing
5. PM-M0- 10014

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. _____