

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: KYDSD Date of Visit: 11/19/2018
BUILDING 106 AMSA

Contractor Personnel on Site:

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

Work Performed:

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

PO ASSET# OCP UPIT

1. _____
2. AHU - 1M - CMBC00822
3. BOLTER - FUSION WELDING 300
4. _____

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. _____

ATTACHMENT J-0200000-05
FORMS

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

CERTIFICATION OF WORK

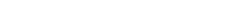
To be signed by the Contractor:

Print Name: RADON VILLENEUVE Date: 12/10/2018
Signed: R. Villeneuve

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: Mr. Peter J. May Date: 20/8/20

Signed: 

E-Mail: Detmar.E.Schrey.Civ@griffith.edu.au

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: KY050

Date of Visit: 11/27/2018

Contractor Personnel on Site:

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

Work Performed:

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

1. PM - QT - 9975 - ARTIC AIR - MODEL# AF4G
2. PM - QT - 9977 - TNAULSEN REF - MODEL# LG 300/1
3. PM - QT - 9976 For service new need to be
INSPECTED Drain system.
4. MODEL# 325 MAS - HOSHIZAKI ICE
MAKER

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. _____

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

CERTIFICATION OF WORK

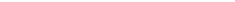
To be signed by the Contractor:

Print Name: Ramon Vilcanovera Date: 12/10/2018
Signed: R. Vilcanovera

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: Mo Batrice Sany Date: 20181210

Signed: 

E-Mail: robert.h.schoen@math.berkeley.edu

E-Mail: patrick.h.sweeney.cw@mail.mil