

ATTACHMENT J-0200000-05  
FORMS

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

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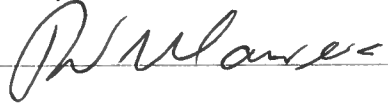
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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: RAMON VILLANUEVA Date: 5/23/2015  
Signed: 

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. Pe'm'e Sang AR4 GS-09 Date: 20150523

Signed: 

E-Mail: \_\_\_\_\_

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FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY 050

Date of Visit: 5/20/2019/5/23/2019

Contractor Personnel on Site:

- W. O'H ASSET #
1. 3423 - PM - MO - 10019
  2. 3424 - PM - MO - 10020
  3. 3425 - PM - MO - 10025
  - 3454 - PM - MO - 9972
- Work Performed: 3455 - PM - QT - 10014

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

1. 3456 - PM - QT - 10021
2. 3457 - PM - QT - 10022
3. 3665 - PM - QT - 9973
4. 3670 - PM - QT - 9974
- 3671 - PM - QT - 9975
- 3672 - PM - QT - 9976

Inspection, Testing, and Certification

1. 3673 - PM - QT - 9977
2. 3674 - PM - QT - 9978
3. 3675 - PM - QT - 9979
4. 3676 - PM - QT - 9980

Other Recurring Services

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Service Calls - Service Call Number and Description

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_