

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: 5/23/2019
Signed: R. Villanueva

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. Patrick Sarge April 05-09 Date: 20150523

Signed:

E-Mail:

CERTIFICATION OF WORK

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

FACID/Building: XN/050

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

Contractor Personnel on Site:

W-04 ASSET #

1. 3423 - PM-440-10019
2. 3424 - PM-440-10020
3. 3425 - PM-440-10025
4. 3454 - PM-440-9972
5. 3455 - PM-QT-10014

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.) 3456-PM-QT-10021

1. 3457-PM-QT-10022
2. 3665-PM-QT-9973
3. 3670-PM-QT-9974
4. 3671-PM-QT-9975
5. 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. _____