

CERTIFICATION OF WORK

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

FACID/Building: NY050

Date of Visit: 8/19/2015

Contractor Personnel on Site:

ASSET # — W. O #

1. PK-QT-10019 — 4735
2. PK-QT-10020 — 4736
3. PK-QT-10025 — 4737
4. PK-QT-9972 — 4766

Work Performed:

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

1. PK-QT-10014 — 4767
2. PK-QT-10021 — 4768
3. PK-QT-10022 — 4769
4. PK-QT-9975 — 4974
5. PK-QT-9976 — 4975

Inspection, Testing, and Certification

1. PK-QT-9977 — 4976
2. PK-SA-10029 — 4977
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

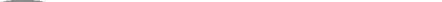
To be signed by the Contractor:

Print Name: RAMON VILLANUEVA Date: 8/15/2019  
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: *[Signature]*

Print Name/Rank: Mr. Patrice Saway C509 Date: 8/15/2019

Signed: 

E-Mail: