

FORMS

CERTIFICATION OF WORK

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

FACID/Building:

Ny 050

Date of Visit:

8/9/2019

Contractor Personnel on Site:

- ASSET # — W.O. #
1. PM-MO-10019 4. 4735
 2. PM-MO-10020 5. 4736
 3. PM-MO-10025 6. 4737
 - PM-MO-9972 — 4766

Work Performed:

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

- PM-QT-~~9972~~10014 — 4767
1. PM-QT-~~9972~~10021 — 4768
 2. PM-QT-10022 — 4769
 3. PM-QT-9975 — 4974
 4. PM-QT-9976 — 4975

Inspection, Testing, and Certification

- PM-QT-9977 — 4976
1. PM-SA-10025 — 4977
 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: RAMON VILLANUEVA Date: 8/15/2019
Signed: [Signature]

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 Sany GS-09 Date: 8/15/2019

Signed: [Signature]

E-Mail: _____