

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: 10/15/2019

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: [Signature] Major Sgt. 09

Date: 10-15-19

Signed: [Signature]

E-Mail: _____

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CERTIFICATION OF WORK

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

FACID/Building: 114050 Date of Visit: 10/15/19

Contractor Personnel on Site: ASSET # - 600 #

1. PH-140-10019-5622
2. PH-140-10020-5623
3. PH-140-10025-5624
- PH-140-9972-5652

Work Performed:

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

1. _____
2. _____
3. _____
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. _____