

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: 11/22/2019
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: Joseph Avila CW2 Date: 11-22-2019
Signed: [Signature]

E-Mail: _____

CERTIFICATION OF WORK

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

FACID/Building: NC9050 Date of Visit: 11-18-2019-11-22-19

Contractor Personnel on Site: ASSET # W. UNDER #

- | | | | |
|----|--------------------|----|-------------|
| 1. | <u>PM-MO-10019</u> | 4. | <u>5740</u> |
| 2. | <u>PM-MO-10020</u> | 5. | <u>5741</u> |
| 3. | <u>PM-MO-10025</u> | | <u>5742</u> |

Work Performed:
PM-MO-9972 - 5762

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

- | | | |
|----|--------------------|-------------|
| 1. | <u>PM-OT-10014</u> | <u>5765</u> |
| 2. | <u>PM-OT-10021</u> | <u>5770</u> |
| 3. | <u>PM-OT-10022</u> | <u>5771</u> |
| 4. | <u>PM-OT-9975</u> | <u>5967</u> |
| | <u>PM-OT-9976</u> | <u>5968</u> |

Inspection, Testing, and Certification

- | | | |
|----|-------------------|-------------|
| 1. | <u>PM-OT-9977</u> | <u>5969</u> |
| 2. | | |
| 3. | | |
| 4. | | |

Other Recurring Services

- | | |
|----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

Service Calls - Service Call Number and Description

- | | |
|----|--|
| 1. | |
| 2. | |
| 3. | |