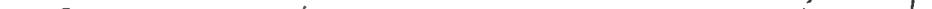


ATTACHMENT J-0200000-05
FORMS

Over and Above Repair Work – Order Number and Description of Work Completed

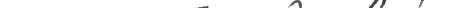
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: RAMON VILLANUEVA Date: 11/22/2019
Signed: 

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 A.V. CR2 Date: 11-22-2019
Signed: 

E-Mail:

CERTIFICATION OF WORK

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

FACID/Building: 104050 Date of Visit: 11-18-2018 - 11-22-18

Contractor Personnel on Site:

ASSET # - W. ORDER #

1. PK-MD-10019 - 5740
2. PK-MD-10020 - 5741
3. PK-MD-10025 - 5742

Work Performed:

PK-MD-9972 - 5768

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

PK-QT-10019 - 5769

1. PK-QT-10021 - 5770
2. PK-QT-10022 - 5771
3. PK-QT-9975 - 5967
4. PK-QT-9976 - 5968

Inspection, Testing, and Certification

PK-QT-9977 - 5969

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____