

ATTACHMENT J-0200000-05
FORMS

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

CERTIFICATION OF WORK

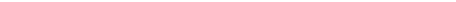
To be signed by the Contractor:

Print Name: RAMON VILLANUEVA Date: 12/9/19
Signed: R. Villanueva

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: _____ Date: 3/18/2015

Signed: 

E-Mail:

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CERTIFICATION OF WORK

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

FACID/Building:

NY050 Date of Visit: 12/17/15

Contractor Personnel on Site:

ADREGA - W. & A.

1. PK - FOT - GS4G - 6179
2. PK - FOT - GS56 - 6180
3. PK - FOT - GS57 - 6181
- PK - FOT - GS52 - 6182

Work Performed:

PK - MO - 10019 - 6183

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

1. PK - MO - 10020 - 6184
2. PK - MO - 10025 - 6185
3. PK - MO - 9572 - 6211
4. PK - QT - 10023 - 6212
5. PK - QT - 10034 - 6213

Inspection, Testing, and Certification

1. PK - SA - 10016 - 6245
2. PK - SA - 10017 - 6246
3. PK - SA - 10018 - 6247
4. PK - SA - 10024 - 6248
5. PK - SA - 10026 - 6249
6. PK - SA - 10027 - 6250

Other Recurring Services

1. PK - SA - 10028 - 6251
2. PK - SA - 5557 - 6417
3. _____
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____