

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: 1/15/2020
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] ARD Date: 20200115
Signed: [Signature]
E-Mail: _____

CERTIFICATION OF WORK

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

FACID/Building: N-7050 Date of Visit: 1/13/200

Contractor Personnel on Site: ADPFA - en. v. A

- | | | | |
|----|------------|----|------|
| 1. | PM-AU-9981 | 4. | 6673 |
| 2. | PM-AU-9982 | 5. | 6674 |
| 3. | PM-AU-9983 | | 6675 |
| | PM-AU-9984 | | 6676 |

Work Performed:
PM-AU-9985- 6677

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

- | | | | |
|----|------------|--|------|
| | PM-AU-9986 | | 6678 |
| 1. | PM-AU-9987 | | 6679 |
| 2. | PM-AU-9988 | | 6680 |
| 3. | PM-AU-9989 | | 6681 |
| 4. | PM-AU-9990 | | 6682 |

Inspection, Testing, and Certification

- | | | | |
|----|-------------|--|------|
| | PM-AU-9991 | | 6683 |
| 1. | PM-AU-9993 | | 6684 |
| 2. | PM-AU-9994 | | 6685 |
| 3. | PM-AU-9995 | | 6686 |
| 4. | PM-MO-10019 | | 6687 |
| | PM-MO-10020 | | 6688 |

Other Recurring Services

- | | | | |
|----|-------------|--|------|
| | PM-MO-10025 | | 6689 |
| 1. | PM-MO-9972 | | 6715 |
| 2. | PM-SA-10030 | | 6716 |
| 3. | PM-SA-10032 | | 6717 |
| 4. | PM-SA-10033 | | 6718 |

Service Calls - Service Call Number and Description

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