

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:

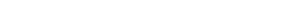
Print Name: RAMON VILLANUEVA Date: 3/15/2020

Signed: John M. Lawrence

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: Sgt. Phillip Sny Date: 2020 03/19

Signed: 

E-Mail:

CERTIFICATION OF WORK

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

FACID/Building: NY50 Date of Visit: 3/16/2020

Contractor Personnel on Site: ASRG A - w. o A

1. PK-FQT-9945 - 7425
2. PK-FQT-9950 - 7430
3. PK-FQT-9951 - 7431

PK-FQT-9952 - 7432

Work Performed:

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

1. PK-MD-10019 - 7433
2. PK-MD-10020 - 7434
3. PK-MD-10025 - 7435
4. PK-MD-9972 - 7461

PK-QT-10023 - 7462

Inspection, Testing, and Certification

1. PK-QT-10034 - 7463
2. PK-SA-9949 - 7645
3. PK-SA-9950 - 7646
4. PK-SA-9951 - 7647

Other Recurring Services

1. PK-SA-9952 - 7648
2. PK-SA-9958 - 7649
3.
4.

Service Calls – Service Call Number and Description

1.
2.
3.