

ATTACHMENT J-0200000-05
FORMS

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

CERTIFICATION OF WORK

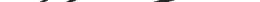
To be signed by the Contractor:

Print Name: RAMON VILLANUEVA Date: 8/28/2020
Signed: Ramon

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: Nickerson, Shaughn Date: 2020/08/24

Signed: 

E-Mail: [\[REDACTED\]](mailto:)

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY050 Date of Visit: 8/26/2022

Contractor Personnel on Site: W. D. A.

1. PKH-KO-100194 - 9361
2. PKH-KO-10020 - 9362
3. PKH-KO-10025 - 9363

PKH-KO-9572 - 9369

Work Performed: PKH-QT-10014 - 9390

PKH-QT-10021 - 9391

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

PKH-QT-10022 - 9392

PKH-QT-9575 - 9586

PKH-QT-9576 - 9587

PKH-QT-9577 - 9588

PKH-SA-10023 - 9589

Inspection, Testing, and Certification

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

Other Recurring Services

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

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____