

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: 8/24/2020
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: Mickerson, Shaughn Date: 2020/08/24

Signed: [Signature]

E-Mail: _____

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CERTIFICATION OF WORK

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

FACID/Building: NY 050 Date of Visit: 8/26/2020

Contractor Personnel on Site: ADREY A - W. O A

1. PK-KO-100194 - 9361
2. PK-KO-10020 - 9362
3. PK-KO-10025 - 9363
- PK-KO-9572 - 9369

Work Performed: PK-QT-10014 - 9390

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.) PK-QT-10021 - 9391

1. PK-QT-10022 - 9392
2. PK-QT-9575 - 9586
3. PK-QT-9576 - 9587
4. PK-QT-9577 - 9588
- PK-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. _____