

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: 7/7/2020

Signed: W. Ulansky

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: Avin Joseph Date: 08-11-2020

Signed: John B. Am

E-Mail:

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: WY50

Date of Visit: 7/7/2020

Contractor Personnel on Site:

ASPERA - W. O A

1. PMH-240-10019 - 9148
2. PMH-240-10020 - 9149
3. PMH-240-10025 - 9150

PMH-SA-10030-9177

Work Performed:

PMH-SD-10033 - 9179

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

1. _____
2. OUTSIDE WORK OPEN
3. _____
4. _____

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. _____