

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: 814116

Date of Visit:

11/22/2018

Contractor Personnel on Site:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Work Performed:

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

1. ASSET # 10693
2. ASSET # 10694
3. ASSET # 10695
4. ASSET # 10696

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.