

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: 11/116

Date of Visit: 11/20/2018

Contractor Personnel on Site:

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

Work Performed:

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

- |                         |       |
|-------------------------|-------|
| 1. <u>ASSET # 10693</u> | _____ |
| 2. <u>ASSET # 10694</u> | _____ |
| 3. <u>ASSET # 10695</u> | _____ |
| 4. <u>ASSET # 10696</u> | _____ |

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. _____ | _____ |