

ATTACHMENT J-0200000-05  
FORMS

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

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: RAMON VILLANUEVA Date: 10/18/2019  
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: Jeffrey Schussler WS-09 Date: 17 OCT 19  
Signed: [Signature]  
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: NY 116 Date of Visit: 10/16/19

Contractor Personnel on Site: ASSET # W. O. #

1. PM-MO-10749 4. — 5632

2. PM-MO-10750 5. — 5633

3. PM-MO-10751 6. — 5634

Work Performed:

PM-MO-10752 — 5635

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

1. PM-MO-10755 — 5636

2. ~~PM-MO-~~

3. PM-MO-10771 — 5637

4. PM-SA-10781 — 5653

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. \_\_\_\_\_