

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: 10/18/2019  
Signed: R. Villanueva

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: 

E-Mail: *o. 7*

CERTIFICATION OF WORK

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

FACID/Building: 214116 Date of Visit: 10/16/19

Contractor Personnel on Site: ASSET# W-007

1. \_\_\_\_\_
2. PKH-MO-10749 5. — 5632
3. PKH-MO-10750 6. — 5633
4. PKH-MO-10751 — 5634
5. PKH-MO-10752 — 5635

Work Performed: PKH-MO-10755-5636  
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. PKH-MO-10755-5636
2. PKH-MO-10770 —
3. PKH-MO-10771-5637
4. PKH-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. \_\_\_\_\_