

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: PA 053-01 Date of Visit: 9/17/19

Contractor Personnel on Site:

1. <u>Tony Lazaro</u>	4. _____
2. <u>Jim Geertgens</u>	5. _____
3. _____	6. _____

Work Performed:

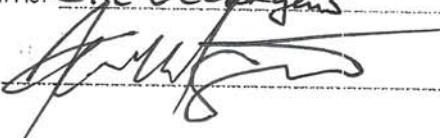
Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. <u>10818</u>
2. <u>10881</u>
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

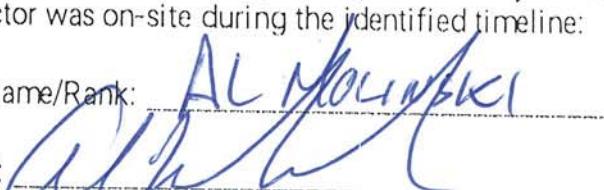
Print Name: Jim Geertgens Date: 9-17-19

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Al Mlynaricki Date: 9/17/19

Signed: 

E-Mail: