

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: Pr 067

Date of Visit: 9/26/19

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Tony Luzzo</u> | 4. _____ |
| 2. <u>Jim Geetger</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | | |
|-----------------|-------|
| 1. <u>10905</u> | _____ |
| 2. <u>10852</u> | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geetger Date: 9-26-19

Signed: [Signature]

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: 1 Doug Fulton GS-09 Date: 26 SEP 19

Signed: [Signature]

E-Mail:

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

FACID/Building: PA 067

Date of Visit: 9/26/19

Contractor Personnel on Site:

1. Tony Luzzo
2. Jim Geigel
3. _____

4. _____
5. _____
6. _____

Work Performed:

Other Recurring Services

1. 10726
2. _____
3. _____
4. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jim Geigel

Date: 9-26-19

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: DOUG FULTON GS 09

Date: 26 SEP 19

Signed: _____

E-Mail: _____