

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: PA166 Date of Visit: 9-19-2018

Contractor Personnel on Site:

1. Larry Stallard
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

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

Inspection, Testing, and Certification

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

Other Recurring Services

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

Service Calls – Service Call Number and Description

1. Dispatch #119049
2. CSS # 15449
3. CMI Order #5795

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

Properly cleaned and sealed the open laps with new elastomeric dymonic caulking according to manufacturer's recommendations.

Overlaid the area to manufacturer and roofing industry standards.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Amy Meehan _____ Date: 12-19-2018 _____

Signed: Amy Meehan

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: NA _____ Date: _____

Signed: NA _____

E-Mail: NA _____