

FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY 116-01 Date of Visit: 9-11-19

Contractor Personnel on Site:

- | | |
|---------------------------|----------------|
| 1. <u>CARMINE MASPETH</u> | 4. <u>LOCK</u> |
| 2. _____ | 5. _____ |
| 3. _____ | 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. <u>Reset COMBINATION ON VAULT DOOR AMSA 1066</u> |
| 2. _____ |
| 3. _____ |

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: STEVE MILLER

Date: 10-9-11-19

Signed: Steve Miller

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: _____ Date: _____

Signed: _____

E-Mail: _____