

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID: VA048

Date of Visit: 11-13-20

Building: main

CSS: 21688 WO-12760

Contractor Personnel on Site:

CMMS: Quote - 1640

1. Nick LoRusso

Service Order: ☒

2. Keith Pearson

Corrective Maintenance: ☐

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____

Description: Replace Lightning Damaged Equipment

Repairs: iPhone
Installed New, 15-CCU, Galaxy DS1-, Drill Hall
Card reader, motor pool Gate operator mother board,
2 CCTV monitors, miller monitor module for main Gate.

To be signed by the Contractor:

Print Name: Keith Pearson

Date: 11-13-20

Signed: [Signature]

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: Kyrn Drake

Date: 11-13-20

Signed: [Signature]

E-Mail: _____





