

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID: \_\_\_\_\_

Building: \_\_\_\_\_

Contractor Personnel on Site:

Date of Visit: \_\_\_\_\_

PM Month: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**Work Performed:**

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

Unit: \_\_\_\_\_

Mfr. \_\_\_\_\_

Model: \_\_\_\_\_

Serial: \_\_\_\_\_

Unit: \_\_\_\_\_

Mfr. \_\_\_\_\_

Model: \_\_\_\_\_

Serial: \_\_\_\_\_

Unit: \_\_\_\_\_

Mfr. \_\_\_\_\_

Model: \_\_\_\_\_

Serial: \_\_\_\_\_

Unit: \_\_\_\_\_

Mfr. \_\_\_\_\_

Model: \_\_\_\_\_

Serial: \_\_\_\_\_

Unit: \_\_\_\_\_

Mfr. \_\_\_\_\_

Model: \_\_\_\_\_

Serial: \_\_\_\_\_

Unit: \_\_\_\_\_

Mfr. \_\_\_\_\_

Model: \_\_\_\_\_

Serial: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

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: \_\_\_\_\_