

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: WV 041 Date of Visit: 9-20-19

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>B. Koblinsky</u> | 4. _____ |
| 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. ~~QC~~ _____
2. _____
3. _____
4. _____

Other Recurring Services

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

Service Calls – Service Call Number and Description

1. QC - CSS / 2968 - REPLACE Bottom Panel / CABLE / SAFETY EDGE
2. _____
3. _____

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bennard Koblinski Date: 9-20-19

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:

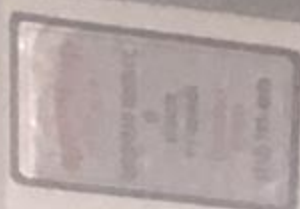
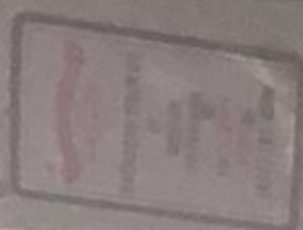
Print Name/Rank: Julia L. Barr Date: 20190920

Signed: 

E-Mail: _____



WYOMING
JAMES H. WYOMING



CHD
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