

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: _____