

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: AMSA Shop

Date of Visit: 6-22-20

Contractor Personnel on Site:

- | | |
|-------------------|----------|
| 1. <u>DAVE N.</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. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Other Recurring Services

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Service Calls - Service Call Number and Description

- | |
|---|
| 1. <u>CSS 25565 - Toilets + urinal issues men's room.</u> |
| 2. <u>- Rebuilt urinal valve</u> |
| 3. <u>- Repaired toilets</u> |

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: DAVE NELSON Date: 6-22-20
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: Jeff Schussler Date: _____
Signed: [Signature]
E-Mail: _____