

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: PA013 – Butler, PA Date of Visit: 9/19/2019

Contractor Personnel on Site:

1. Casey McEwen (KONECRANES) _____
2. _____
3. _____
4. _____
5. _____
6. _____

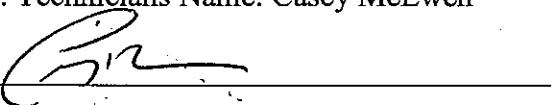
Work Performed:

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

1. WO #9189 – Asset # 6925 _____
2. _____
3. _____
4. _____
5. _____
6. _____

To be signed by the Contractor:

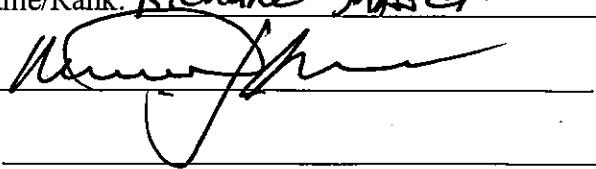
Print Name: Technicians Name: Casey McEwen Date: September 19, 2019

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: Richard Shaffer Date: 19 Sep 2019

Signed: 

E-Mail: _____