

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: RAMON VILLANUEVA Date: 1/6/2020
Signed: Ramon Villanueva

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: Vincent J. Gordeno Date: 1/6/2020
Signed: Vincent J. Gordeno
E-Mail: _____

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: N7024 Date of Visit: 1/12/2020

Contractor Personnel on Site: ADPRA - W. O. #

1. SERVICE CALL
2. CSS TICKET #22808
3. BLDG 202 + 356
4.

Work Performed:

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

REPLACE TUCKER SEAT

1. JOB IS DONE
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.
2.
3.