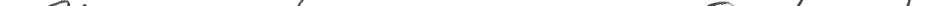


ATTACHMENT J-0200000-05
FORMS

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: 9/20/2019
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: Patricia Say Date: 2019.09.18

Signed:

E-Mail:

CERTIFICATION OF WORK

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

FACID/Building: NY050

Date of Visit:

9/16/19-9/20/19

Contractor Personnel on Site:

ASSET # W. O #

1. PAK-FDT-9949 — 5232
2. PAK-FDT-9950 — 5233
3. PAK-FDT-9951 — 5234
- PAK-FDT-9952 — 5235

Work Performed:

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

1. PAK-SA-9949 — 5460
2. PAK-SA-9950 — 5461
3. PAK-SA-9951 — 5462
4. PAK-SA-9952 — 5463

Inspection, Testing, and Certification

1. PAK-AN-10015 — 5109
2. PAK-CAN-10015 — 5133
3. PAK-MO-10019 — 5236
4. PAK-MO-10020 — 5237
- PAK-MO-10025 — 5238

Other Recurring Services

1. PAK-SA-9958 — 5864
2. PAK-MO-9972 — 5266
3. PAK-MO-10023 — 5267
4. PAK-QT-10034 — 5268

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____