

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: [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: [Signature] Date: 20190918

Signed: [Signature]

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: N4050

Date of Visit: 9/16/19-9/20/19

Contractor Personnel on Site:

ASSET #

W. O #

1. PM-FRT-9949-5232
2. PM-FRT-9950-5233
3. PM-FRT-9951-5234
- PM-FRT-9952-5235

Work Performed:

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

- PM-SA-9949-5460
1. PM-SA-9950-5461
2. PM-SA-9951-5462
3. PM-SA-9952-5463
4. _____

Inspection, Testing, and Certification

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

Other Recurring Services

1. PM-SA-9958-5464
2. PM-MO-9972-5266
3. PM-MO-10023-5267
4. PM-RT-10034-5268

Service Calls - Service Call Number and Description

1. _____
2. _____
3. _____