

**ATTACHMENT J-0200000-05
FORMS**

CERTIFICATION OF WORK

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

FACID/Building: CSS26042 NY060 Date of Visit: 12/10/2020

Contractor Personnel on Site:

1. _____ Richard Postulka 4. _____
2. _____ 5. _____
3. _____ 6. _____

Work Performed:

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

1. Repair doors, (6) doors are sticking
- 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. _____

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Postulka Date: 12/10/2020

Signed: Jeff Rott

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: Michael Moseman Date: 01/11/2021

Signed: *Michael Moseman*

E-Mail: michael.moseman.ctr@mail.mil