

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY128 CSS26258 Date of Visit: 8-22-2020

Contractor Personnel on Site:

- |                            |          |
|----------------------------|----------|
| 1. <u>Richard Postulka</u> | 4. _____ |
| 2. _____                   | 5. _____ |
| 3. _____                   | 6. _____ |

**Work Performed:**

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

- |   |
|---|
| 1. <u>Install Electronic Sloan faucet in womens bathroom in repair shop</u>   |
| 2. <u>Disassemble mens toilet and rebuild auto flush valve in repair shop</u> |
| 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. _____ |

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

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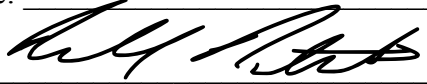
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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Richard Postulka Date: 8-22-2020

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: Mike Moseman Date: 8/22/2020

Signed: michael Moseman

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