

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: NY128 CSS25198 Date of Visit: 7-31-20

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. Rebuild (1) commode flushometer, Install brass spud in water closet
- 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: 7-31-20

Signed: Ally Rose

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: 8/2/2020

Signed: *michael Mosseman*

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