

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

FACID/Building: NY116 Css27859 w/o 11102 Date of Visit: 2/24/2021

Contractor Personnel on Site:

1. Richard Postulka
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Work Performed:**

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

1. Repair sensing edge control
2. Control panel stop button needs to be replaced
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**

**Stop button on control pad works intermittently as per Mr Henry**

**I tested switch and it failed to stop door when button pushed, but , did stop when applied second time.**

**I recommend replacement of switch and plug in relay in control box at door**

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Richard Postulka Date: 2-26-2021

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: Michael Moseman Date: 2/26/2021

Signed: Michael Moseman

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