

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY116 Ccs27859
w/o 11102 Date of Visit: 2/24/2021

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>Repair sensing edge control</u> |
| 2. <u>Control panel stop button needs to be replaced</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

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

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**