

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

FACID/Building: NY116 Css27860 w/o 11101 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.)

Install weather strip kit

1. _____
2. **Adjust closer**
3. _____
4. _____

Inspection, Testing, and Certification

1. **Door Jamb rusted and decayed.**
2. **Door is missing aluminum threshold therefore weatherstrip scuffs concrete and wears out prematurely.**
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
3. _____

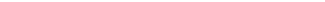
**ATTACHMENT J-0200000-05
FORMS**

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: **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