

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: CSS35150 W/O 16854 NY060 Date of Visit: 06/17/2022

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. \_\_\_\_\_ Repair wall in assembly hall and repaint to match existing
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. \_\_\_\_\_

**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: **6-17-2022**

Signed: Jeff Stott

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: Chris Pothier AFOS Date: 6-22-2022

Signed: Christopher Pothier

E-Mail: christopher.n.pothier.ctr@army.mil