

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: CSS92036W/O21077 NY060 Date of Visit: 10/03/2023

Contractor Personnel on Site:

|    |                            |    |       |
|----|----------------------------|----|-------|
| 1. | <b>Richard Postulka</b>    | 4. | _____ |
| 2. | Rd Postulka III            | 5. | _____ |
| 3. | Schenectady Floor Covering | 6. | _____ |

**Work Performed:**

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

|    |   |                          |
|----|---|--------------------------|
| 1. | <b>Remove and replace drywall</b>                 | Repaint designated areas |
| 2. | Remove all furniture and re-install               | _____                    |
| 3. | Install new rubber base in designated areas       | _____                    |
| 4. | Remove all carpet and replace in designated areas | _____                    |

**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: **10-03-2023**

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: Christopher Pothier AFOS Date: 10-4-2023

Signed: *Christopher Pothier*

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