

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY001 CSS22974

Date of Visit: 12-20-19 thru 12-23-19

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. CMI WO 6501
2. Pump out 1st floor basement and dispose of debris
3. Move furniture and equipment and clean and disinfect floors
4. wipe down and clean furniture as necessary

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: 12-20-2019

Signed: Jeffrey A. Potts

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: 01/06/2020

Signed: *michael moseman*

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