

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: CSS1646 NY116 w/o18281 Date of Visit: 08/05/2022

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. Install new toilet fushometer assembly
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. \_\_\_\_\_

**Over and Above Repair Work – Order Number and Description of Work Completed**

Install Flushometer assembly on womans water coset

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Rebuild urinal flushometer

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Richard Postulka Date: 8-05-2022

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: JAMES JOHNSON AFOS Date: 8-8-22

Signed: 

E-Mail: james.m.johnson1145.ctr@army.mil