

ATTACHMENT J-0200000-05
FORMS

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

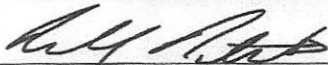
Install Flushometer assembly on womans water coset

Rebuild urinal flushometer

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Richard Postulka Date: 2-10-2022

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: 2-11-22

Signed: 

E-Mail: james.m.johnson 1145.cir. @mail.mtl

CERTIFICATION OF WORK

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

FACID/Building: CSS34338 NY116 Date of Visit: 02/10/2022

Contractor Personnel on Site:

- | | |
|----------------------------|----------|
| 1. <u>Richard Postulka</u> | 4. _____ |
| 2. <u>Rd Postulka III</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

1. Snake sewer line
2. Rebuild (4) Flushometer
3. Install seal and diaphragm kits
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. _____