

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: Richard Postulka

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: James Johnson

E-Mail: jones.m.johnson.145.civ@mail.mil

ATTACHMENT J-0200000-05  
FORMS

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. Richard Postulka
2. Rd Postulka III
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
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 diaphram 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. \_\_\_\_\_