

**ATTACHMENT J-0200000-05
FORMS**

CERTIFICATION OF WORK

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

FACID/Building: NY058 CSS#322058 Date of Visit: 03-06-2020

Contractor Personnel on Site:

1. _____	Richard Postulka	4. _____
2. _____		5. _____
3. _____		6. _____

Work Performed:

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

1. Remove tank cover and pump out water
- 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. _____

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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: 03-06-2020

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: Robert Bennett/A.F.O.S. Date: 03/16/2020

Signed: *Robert Bennett*

E-Mail: robert.p.bennett30 ctr@mail.mil