

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: New windsor css19946 Date of Visit: 11-19-19 11-20-19 11-21-19

Contractor Personnel on Site:

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

Work Performed:

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

1. Remove and replace soffit at (3) Entry points.
2. Install 2x6 Structural framing in all locations
3. Remove and re-install light fixtures
4. Repair flashing on roof

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: 12-05-19

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: *A. F. S.*

Print Name/Rank: Patrick T. Scanlon Date: 12/05/2019

Signed: Patik Sab

E-Mail: Patrick.t.Scarfone.CTF@mail.mil