

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. <u>Richard Postulka Jr</u> | 4. _____ |
| 2. <u>Richard Postulka III</u> | 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. _____

ATTACHMENT J-0200000-05
FORMS

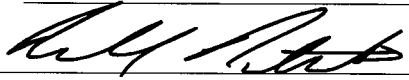
Over and Above Repair Work – Order Number and Description of Work Completed

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:

Print Name/Rank: Patrick T. Scanlon

AFOS
Date: 12/05/2019

Signed: 

E-Mail: Patrick.t.Scanlon, ctt@mail.mil