

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: NY116 CSS24993 Date of Visit: 5-15-2020

Contractor Personnel on Site:

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

Work Performed:

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

1. Css249993 WO#8230
2. Rebuild commode flushometer
3. Disassemble and clean valve body
4. Install Diaphragm kit and vacuum breaker assembly

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: 3-15-2020

Signed: July 1, 2008

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: 15

best of my knowledge, completed the stated work listed. **AfOs** **Date: 03/15/2020**
Print Name/Rank: **Patrick T. Scanlon**

Signed: Patrick T. Scobey

E-Mail: Patrick.t.Scarlon.CTR@mail.mil