

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. <u>Richard Postulka</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | |
|---|
| 1. <u>Css249993 WO#8230</u> |
| 2. <u>Rebuild commode flushometer</u> |
| 3. <u>Disassemble and clean valve body</u> |
| 4. <u>Install Diaphragm kit and vacuum breaker assembly</u> |

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. _____ |

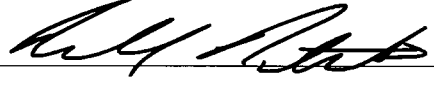
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Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

To be signed by the Contractor:

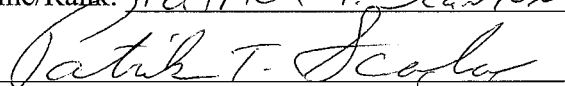
Print Name: Richard Postulka Date: 3-15-2020

Signed: 

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: 03/15/2020

Signed: 

E-Mail: Patrick.T.Scanlon,CTR@mail.mil