

CERTIFICATION OF WORK

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

FACID: NY128
Building: SAUGERTIES USARP
1. JOHN A. SULLIVAN
Contractor Personnel on site:
2. _____
Contractor Personnel on site:

Date of Visit: 9/23/22
CSS: 89946 WO: 19365
Service Order: ☒
Corrective Maintenance: ☐

Service Order Work Performed:

Unit: _____
Manufacturer: _____
Model: _____
Serial: _____

Description: CHECK OUT FLAGPOLE LIGHTS NOT OPERATING

Repairs
SERVICE CALL TO EVALUATE OR REPAIR EXTERIOR
FLAGPOLE LIGHTING. TROUBLESHOOT CIRCUIT, CONTROLS, PHOTOEYES
FOR OPERATION. INSPECTION OF CIRCUIT DISCOVERED ADDITIONAL
LIGHTING ON SAME CIRCUIT NOT OPERATING. ADDITIONAL
TROUBLESHOOTING WILL BE REQUIRED
PHOTOCELLS NEED TO BE REPLACED

To be signed by the Contractor:

JOHN A. SULLIVAN
Print Name:

9/23/22
Date:

[Signature]
Signature:

Digital Signature:

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 work listed:

Chris Pothier
Print Name/Rank:

9-23-22
Date:

[Signature]
Signature:

Digital Signature: