

FORMS

CERTIFICATION OF WORK

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

FACID: NY 128Date of Visit: 2/19/20Building: SAUGERTIES USARVCSS: 18785 W106470

Contractor Personnel on Site:

CMMS: _____

1. JOHN A. SULLIVANService Order: ☒

2. _____

Corrective Maintenance: ☐

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____

Description: _____

Repairs: INSTALL NEW LED WIDE AREA LIGHT FIXTURE
ON EXISTING 35 FOOT LIGHT POLE IN OMS
PARKING LOT.
INSTALL NEW PHOTOCELL TO CONTROL

To be signed by the Contractor:

Print Name: JOHN A. SULLIVANDate: 2/19/20Signed: 

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: Warren ChengDate: 20200219Signed: W8E-Mail: Warren.Cheng2@army.mil