

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID: NY116

Date of Visit: 10/24/19 & 12/10/19

Building: NEW WINDSOR NY

CSS: 21610 / W10 5682

Contractor Personnel on Site:

CMMS: _____

1. JOHN A. SULLIVAN

Service Order: ☒

2. _____

Corrective Maintenance: ☐

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____

Description: _____

Repairs: REPAIR LIGHTING IN ARMS VAULT
REPLACE INVERTER FOR EMERGENCY LIGHTING
REPLACE BULBS WITH LED
REPLACE ELECTRONIC BALLAST

To be signed by the Contractor:

Print Name: JOHN A. SULLIVAN

Date: 12/10/19

Signed: [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 stated work listed:

Print Name/Rank: Patrick T. Scanlon

Date: 12/10/2019

Signed: [Signature]

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