

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

FACID: NY011  
Building: BULLVILLE USARE  
1. JOHN A. SULLIVAN  
Contractor Personnel on site:  
2. \_\_\_\_\_  
Contractor Personnel on site:

Date of Visit: 9/28/22  
CSS: 89147 WO: \_\_\_\_\_  
Service Order:   
Corrective Maintenance:

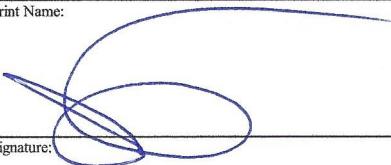
**Service Order Work Performed:**

Unit: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Model: \_\_\_\_\_  
Serial: \_\_\_\_\_

Description: CHECK OUT PROBLEM WITH EXHAUST FANS IN BATHROOMS.

Repairs: CIRCUIT BREAKER TO FAN IS GOOD. FACILITY LOST A PHASE OF POWER RECENTLY. AFTER DISCUSSION IT IS POSSIBLE THAT THE FANS ARE CONTROLLED BY THE ENERGY MANAGEMENT SYSTEM. THE COMPUTER THAT GETS ACCESS TO THE SYSTEM IS NOT WORKING SO THIS WILL TAKE ADDITIONAL INVESTIGATION TO RESOLVE

To be signed by the Contractor:

Print Name: JOHN A. SULLIVAN  
Signature: 

Date:

9/28/22

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:

Print Name/Rank: Angel Vargas GSG

Date:

28 Sept 2022

Digital Signature:

Signature: 