

CERTIFICATION OF WORK

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

FACID: NY011
Building: BULLVILLE USARMC
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:

JOHN A. SULLIVAN
Print Name: _____
[Signature]
Signature: _____

9/28/22
Date: _____

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:

Angel Vargas GS9
Print Name/Rank: _____

28 Sept 2022
Date: _____

[Signature]
Signature: _____

Digital Signature: