

CERTIFICATION OF WORK

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

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

Date of Visit: 9/28/22  
CSS: 89933 WO: \_\_\_\_\_  
Service Order: ☒  
Corrective Maintenance: ☐

Service Order Work Performed:

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

Description:

CHECK OUT PROBLEM WITH LED LIGHTING IN  
DISPLAY CASE.

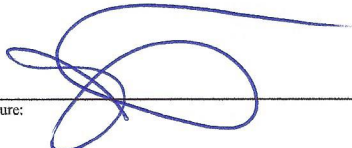
Repairs

COULD NOT LOCATE RECEIVER FOR REMOTE.  
THE ELECTRICIAN THAT INSTALLED THE CIRCUIT  
SAID THE PEOPLE WHO INSTALLED THE LIGHTING  
INSTALLED THE REMOTE CONTROLLED PORTION.  
NEED TO CONTACT THEM TO INQUIRE WHERE  
THEY MOUNTED THE EQUIPMENT.

To be signed by the Contractor:

JOHN A. SULLIVAN  
Print Name:

9/28/22  
Date:

  
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:

Angel Vargas GS9  
Print Name/Rank:

28 Sept 2022  
Date:

  
Signature:

Digital Signature: