

CERTIFICATION OF WORK

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

FACID: NYO11  
Building: BULLVILLE USARV  
1. JOHN A. SULLIVAN  
Contractor Personnel on site:  
2. \_\_\_\_\_  
Contractor Personnel on site:

Date of Visit: 9/28/22  
CSS: 90050 WO: \_\_\_\_\_  
Service Order: ☒  
Corrective Maintenance: ☐

Service Order Work Performed:

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

Description:

TROUBLESHOOT LIGHTING IN ENTRANCE WAY

Repairs

CHECK LED LIGHTING IN FRONT VESTIBULE.  
LIGHTING DOES NOT OPERATE BUT FIXTURES HAVE  
POWER. PROBLEM DISCOVERED WITH LED BATTERY  
PACK MOUNTED ABOVE CEILING. BATTERY PACK  
DEFECTIVE NEEDS REPLACEMENT. WILL PROVIDE  
PROPOSAL FOR REPAIRS

To be signed by the Contractor:

JOHN A. SULLIVAN  
Print Name:

9/28/22  
Date:

Digital Signature:

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:

Digital Signature:

Signature