

CERTIFICATION OF WORK

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

FACID: BULLVILLE NY011
Building: BULLVILLE NY USAR
1. JOHN A. SULLIVAN
Contractor Personnel on site:
2. _____
Contractor Personnel on site:

Date of Visit: 11/6/22
CSS: 90674 WO: 19772
Service Order:
Corrective Maintenance:

Service Order Work Performed:

Unit: _____
Manufacturer: _____
Model: _____
Serial: _____

Description:

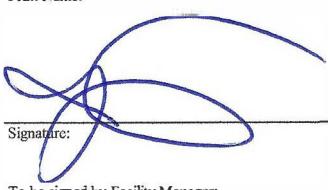
EMERGENCY SERVICE CALL TO CHECK OUT CIRCUIT
TO SEPTIC PUMPS IN OMS BUILDING.

Repairs

CIRCUIT TO PUMP CONTROL TRIPPED OFF. RESET & RUN
PUMPS. PUMP #1 NOT OPERATING CORRECTLY DRAWS TO
MUCH AMPERAGE TRIPS CIRCUIT. PUMP IS MOST LIKELY IN
STALLED POSITION DUE TO SOMETHING IN IMPELLEUR. LOCK OFF.
RUN PUMP #2 TO DRAW DOWN LEVEL OF SEPTIC TO NORMAL.
WILL NEED PLUMBER TO PULL PUMP TO REPAIR.

To be signed by the Contractor:

JOHN A. SULLIVAN
Print Name:

Signature: 

11/15/22
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:

Mike Moseman
Print Name/Rank:

11/15/2022
Date:

Digital Signature:

Michael Moseman
Signature: