

CERTIFICATION OF WORK

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

FACID: BOLIVILLE NY011  
Building: BOLIVILLE 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.

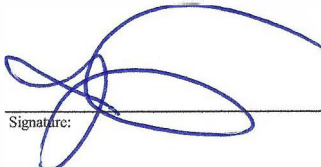
Repairs

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 IMPELLER. LOCK OFF.  
RUN PUMP #2 TO DRAW DOWN LEVEL OF SUMP TO NORMAL.  
WILL NEED PLUMBER TO PULL PUMP TO REPAIR.

To be signed by the Contractor:

JOHN A. SULLIVAN  
Print Name:

11/15/22  
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:

Mike Moseman  
Print Name/Rank:

11/15/2022  
Date:

Michael Moseman  
Signature:

Digital Signature: