

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

FACID: NY059
Building: ROTTERDAM USAFRC
1. JOHN A. SULLIVAN
Contractor Personnel on site:
2. _____
Contractor Personnel on site:

Date of Visit: 7/26/22
CSS: 1199 WO: 18241
Service Order:
Corrective Maintenance:

Service Order Work Performed:

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

Description:

Repairs

FULL SERVICE KOHLER 80KW N.G. GENERATOR
CHANGE OIL, COOLANT, AIR CLEANER, OIL FILTER,
SPARK PLUGS. REPLACE LOW LEVEL COOLANT
SENSOR, THERMOSTAT. RUN UNIT, ALL CHECKS OK
CLEAN BATTERY TERMINALS, REPLACE V-BELTS

To be signed by the Contractor:

JOHN A. SULLIVAN
Print Name:

7/26/22
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:

Print Name/Rank:

Dick Mehner
Signature:

26 JUL 2022
Date:

Digital Signature: