

CERTIFICATION OF WORK

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

FACID: NY128

Date of Visit: 11/7/19 - 1/13/2020

Building: Saugerties NY USARC

CSS: 18785 W106470

Contractor Personnel on Site:

CMMS: _____

1. JOHN A. SULLIVAN

Service Order:

2. _____

Corrective Maintenance:

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____

Description: _____

Remove batteries in Inverter Distribution Cabinet in OMS Shop. Install 30 New Batteries in Unit. Replace all battery cables, and test unit. Repair walkway lighting main entrance. Repair Flag pole lighting main entrance. Rewire lighting circuits shorted out underground. Repair 2x4 drop in LED ceiling lights in Main bldg. Install New retro-fit LED drivers in fixtures in 1st & 2nd Floor offices, hallways.

Repairs: _____

To be signed by the Contractor:

Print Name: John A Sullivan Date: 1/13/2020

Signed: 

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 stated work listed:

Print Name/Rank: Michael Moaeman Date: 01/13/2020

Signed: 

E-Mail: Michael.moseman.ctr@mail.mil