

FORMS

CERTIFICATION OF WORK

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

FACID: NY128Date of Visit: 11/7/19 - 1/13/2020Building: Saugerties NY USARCCSS: 18785 w/06470

Contractor Personnel on Site:

CMMS: _____

Service Order: ☒Corrective Maintenance: ☐1. JOHN A. SULLIVAN

2. _____

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: 1/13/2020Signed: 

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: 01/13/2020Signed: E-Mail: Michael.moseman.ctr@mail.mil