

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

FACID: NY050

Date of Visit: 10/23/19

Building: ORANGEBURG

CSS: 21714

Contractor Personnel on Site:

CMMS: _____

1. JOHN A. SULLIVAN

Service Order:

2. _____

Corrective Maintenance:

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____

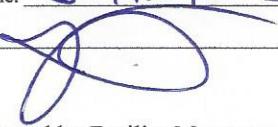
Description: _____

Repairs: INSTALL DRAIN PIPING TO ICE MACHINE.
PIPE TO FLOOR DRAIN IN KITCHEN AREA.
INSPECT NATURAL GAS PIPING TO OVEN &
CONNECCTION OVEN. TEST FOR LEAKS. LIGHT PILOTS
IN OVEN & TEST.

To be signed by the Contractor:

Print Name: JOHN A. SULLIVAN

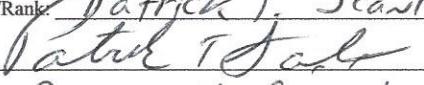
Date: 10/23/19

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: Patrick J. Scanlon Date: 10/29/2019

Signed: 

E-Mail: Patrick.J.Scanlon.CTR@mail.mil