

ATTACHMENT J-0200000-05
FORMS

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: _____

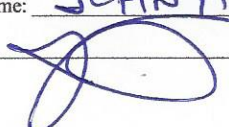
Description: _____

Repairs: INSTALL DRAIN PIPING TO ICE MACHINE.
PIPE TO FLOOR DRAIN IN KITCHEN AREA.
INSPECT NATURAL GAS PIPING TO OVEN &
CONVECTION 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 T. Scanlon

Date: 10/24/2019

Signed: Patrick T. Scanlon

E-Mail: Patrick.T.Scanlon.CTR@MAIL.MIL