

## FORMS

## CERTIFICATION OF WORK

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

FACID: NY011Date of Visit: 1/22/20Building: BULLVILLE, NYCSS: 21867

Contractor Personnel on Site:

CMMS: \_\_\_\_\_

1. JOAN A. SULLIVANService Order: ☒

2. \_\_\_\_\_

Corrective Maintenance: ☐

## Service Order Work Performed:

Unit: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Serial: \_\_\_\_\_

Description: SITE VISIT TO INSPECT 250 KVA  
GENERATOR FOR REPAIRS PER WORK REQUEST  
ITEMS. CATALOG ALL PARTS NECESSARY  
FOR REPAIRS. INSPECT GENERATOR FOR FULL  
MAINTENANCE

Repairs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To be signed by the Contractor:

Print Name: JOHN A. SULLIVAN Date: 1/22/20Signed: [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 stated work listed:

Print Name/Rank: Patrick J. Scanlon <sup>Afcs</sup> Date: 1/22/20Signed: Patrick J. ScanlonE-Mail: Patrick.f.Scanlon.cfr@mail.mil