

CERTIFICATION OF WORK

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

FACID: NY011

Date of Visit: 1/22/20

Building: BULLVILLE, NY

CSS: 21867

Contractor Personnel on Site:

CMMS: _____

1. JOHN A. SULLIVAN

Service Order:

2. _____

Corrective Maintenance:

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

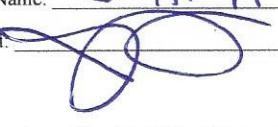
Serial: _____

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: 1/22/20

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: AFas

Print Name/Rank: Patrick J. Scanlon Date: 1/22/20

Signed: 

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