

CERTIFICATION OF WORK

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

FACID: NY011  
Building: BULLVILLE USARC  
1. JOHN A. SULLIVAN  
Contractor Personnel on site:  
2. \_\_\_\_\_  
Contractor Personnel on site:

Date of Visit: 6/10 - 6/18/20  
CSS: 21967 WO: 7919  
Service Order: ☒  
Corrective Maintenance: ☐

Service Order Work Performed:

Unit: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Model: \_\_\_\_\_  
Serial: \_\_\_\_\_

Description:

COMPLETE REPAIRS & SERVICE TO Cummins/ONAN  
250 KW EMERGENCY GENERATOR

Repairs

To be signed by the Contractor:

JOHN A. SULLIVAN  
Print Name:

6/19/20  
Date:

  
Signature:

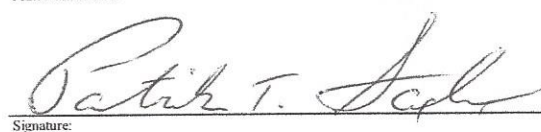
Digital Signature:

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 work listed:

Patrick T. Scanlon AFOS  
Print Name/Rank:

\_\_\_\_\_

  
Signature:

Digital Signature: