

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:

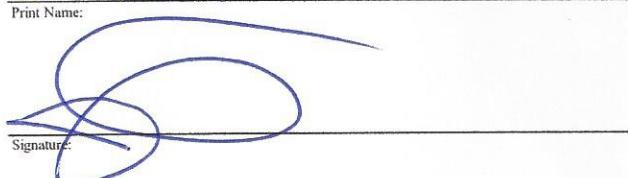
Service Order Work Performed:

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:

Signature:

6/19/20
Date:

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:

Date:

Digital Signature: