ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID: NY060

Building: USARC SCHENECTADY NY

1. JOHN A. SULLIVAN
Contractor Personnel on site:

2. _____
Contractor Personnel on site:

Date of Visit: 10/27/20

CSS: 22129 WO: _____

Service Order: ☑

Corrective Maintenance: ☐

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____

Description:

Repairs

REPLACE LIGHTING INVERTERS IN OFFICE & HALLWAY FIXTURES.
REPLACE BALLASTS IN FIXTURES
REPLACE BATTERY PACKS IN RECESSED LIGHTING

To be signed by the Contractor:

JOHN A. SULLIVAN
Print Name:

10/27/20
Date:

Digital Signature:

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:

Mike Moseman
Print Name/Rank:

10/27/2020
Date:

Digital Signature:

michael Moseman
Signature: