

CERTIFICATION OF WORK

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

FACID: NY060

Date of Visit: 11/1/19 & 11/20/19

Building: SCHENECTADY NY

CSS: 22136

Contractor Personnel on Site:

CMMS: _____

1. JOHN A. SULLIVAN

Service Order: ☒

2. _____

Corrective Maintenance: ☐

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____

Description: _____

Repairs: TROUBLESHOOT PROBLEM WITH EXHAUST HOSE #1
REEL NOT WORKING. CHECK MOTOR, TRANSFORMER,
HAND REMOTE WIRING. PROBLEM LOCATED WITH LOCKED
COUPLING. RELEASE LOCKED UP UNIT COUPLING. OPERATES OK.
REPLACE BROKEN CORD FITTING ON REEL #2 REMOTE

To be signed by the Contractor:

Print Name: JOHN A. SULLIVAN Date: 11/20/19

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:

Print Name/Rank: Mike Moseman Date: 11/21/19

Signed: 

E-Mail: michael.moseman.ct@mail.mil