

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

FACID: NY059
Building: ROTTERDAM USAFC

Contractor Personnel on Site:

1. JOHN A. SULLIVAN
2. _____

Date of Visit: 10/15/20
CSS: CSS 22139
CMMS: _____
Service Order:
Corrective Maintenance:

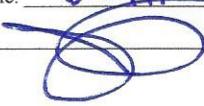
Service Order Work Performed:

Unit: _____
Manufacturer: _____
Model: _____
Serial: _____

Description: COMPLETE SERVICE OF 80 KW
NATURAL GAS GENERATOR
INSTALL NEW BATTERY & BATTERY CHARGER
UNIT

Repairs: _____

To be signed by the Contractor:

Print Name: JOHN A. SULLIVAN Date: 10/15/20
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:

Print Name/Rank: Michael Moseman Date: 10/15/2020
Signed: michael Moseman
E-Mail: michael.moseman.ctr@mail.mil