

CERTIFICATION OF WORK

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

FACID: NY059

Date of Visit: 10/15/20

Building: ROTTERDAM USAR

CSS: CSS 22139

Contractor Personnel on Site:

CMMS: _____

1. JOHN A. SULLIVAN

Service Order: ☒

2. _____

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: [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 stated work listed:

Print Name/Rank: Michael Moseman Date: 10/15/2020

Signed: michael Moseman

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