

CERTIFICATION OF WORK

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

FACID: NY128

Date of Visit: 12/13/19 & 1/2/20

Building: SAUGERTIES, N.Y.

CSS: 22155

Contractor Personnel on Site:

CMMS: _____

1. JOHN A. SULLIVAN

Service Order:

2. _____

Corrective Maintenance:

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____

Description: _____

Repairs: REMOVE SEALED LOCK IN EQUIPMENT
RACK ARMS SIMULATOR Room

To be signed by the Contractor:

Print Name: JOHN A. SULLIVAN Date: 1/2/20

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: Warren Cheng. GS-09 Date: 1/2/20

Signed: 

E-Mail: Warren.K.Cheng.civ@mail.mil