

FORMS

CERTIFICATION OF WORK

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

FACID: NY 128Date of Visit: 12/13/19 & 1/2/20Building: SAUGERTIES, N.Y.CSS: 22155

Contractor Personnel on Site:

CMMS: _____

1. JOHN A. SULLIVANService 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. SULLIVANDate: 1/2/20Signed: [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: Warren Cheng. GS-09Date: 1/2/20Signed: [Signature]E-Mail: Warren.K.Cheng.civ@mil.mil