

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

FACID: NY128

Date of Visit: 11/1/19

Building: SAUGERTIES NY

CSS: 22156

Contractor Personnel on Site:

CMMS: _____

1. JOHN A. SULLIVAN

Service Order:

2. _____

Corrective Maintenance:

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

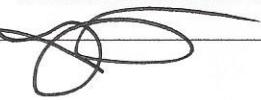
Serial: _____

Description: CHECK OUT MOTORIZED OVERHEAD
DOOR FOR CORRECT OPERATION.
CHECK FOR MANUAL OPERATION

Repairs: _____

To be signed by the Contractor:

Print Name: JOHN A. SULLIVAN Date: 11/13/19

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: Michael Moseman Date: _____

Signed: 

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