

## FORMS

## CERTIFICATION OF WORK

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

FACID: NY128Date of Visit: 11/1/19Building: SAUGERTIES NYCSS: 22156

Contractor Personnel on Site:

CMMS: \_\_\_\_\_

Service Order: ☒1. JOHN A. SULLIVANCorrective Maintenance: ☐

2. \_\_\_\_\_

## 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: 11/13/19Signed: 

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