

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

FACID: NY060

Date of Visit: 10/21/19

Building: SCHENECTADY, NY

CSS: 22378

Contractor Personnel on Site:

CMMS: _____

1. JOHN A. SULLIVAN

Service Order:

2. _____

Corrective Maintenance:

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____

Description: _____

Repairs: RECEPTACLES ON 3 WALLS OF COMMANDER'S OFFICE
DO NOT WORK. TRACE WIRING IN OFFICE &
CEILING AREA. PROBLEM LOCATED IN ADJACENT OFFICE
WALL. OUTLET WAS SHEETROCKED OVER & NEVER CONNECTED.
CUT SHEETROCK, EXPOSED ELECTRICAL BOX & INSTALL RECEPTACLE
AND WIRE. CIRCUITS CHECK OK

To be signed by the Contractor:

Print Name: John A. Sullivan

Date: 11/21/19

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: Mike Moseman Date: 11/21/19

Signed: Michael Moseman
E-Mail: Michael.Moseman.Ctr@mail.mil