

## FORMS

## CERTIFICATION OF WORK

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

FACID: NY050Date of Visit: 1/16/20Building: ORANGEBURG, N.Y.CSS: 23445

Contractor Personnel on Site:

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

1. JOHN A. SULLIVANService Order: ☒

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

Corrective Maintenance: ☐

## Service Order Work Performed:

Unit: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Serial: \_\_\_\_\_

## Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Repairs: CHECK AUXILIARY ALARM ON GENERATOR.  
PROBLEM FOUND WITH TRANSFER SWITCH NOT  
IN CORRECT POSITION TO ALLOW PROPER OPERATION.  
SEAL CONDENSATE LEAK ON GENERATOR EXHAUST

To be signed by the Contractor:

Print Name: JOHN A. SULLIVANDate: 1/16/20

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: Patrick J. Scanlon AFODate: 1/16/20Signed: Patrick J. ScanlonE-Mail: Patrick.J.Scanlon, Ctr @ mail.mil