

CERTIFICATION OF WORK

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

FACID: NY050
Building: ORANGEBURG, N.Y.

Contractor Personnel on Site:

1. JOHN A. SULLIVAN
2. _____

Date of Visit: 1/16/20

CSS: 23445

CMMS: _____

Service Order:

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:

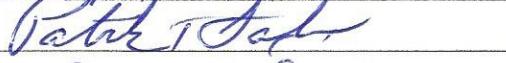
Print Name: JOHN A. SULLIVAN Date: 1/16/20

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 T. Scanlon AFOS Date: 1/16/20

Signed: 

E-Mail: Patrick.T.Scanlon.Ctr@mail.mil