

CERTIFICATION OF WORK

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

FACID: NY116
Building: NEW WINDSOR USARC
1. JOHN A. SULLIVAN
Contractor Personnel on site:
2. _____
Contractor Personnel on site:

Date of Visit: 5/6/20
CSS: 24994 WO: _____
Service Order: ☒
Corrective Maintenance: ☐

Service Order Work Performed:

Unit: _____
Manufacturer: _____
Model: _____
Serial: _____

Description:

EMERGENCY SERVICE CALL TO INVESTIGATE
PROBLEM WITH EXHAUST FAN IN BATTERY ROOM
OF OMS BUILDING

Repairs

To be signed by the Contractor:

JOHN A. SULLIVAN
Print Name:

6/19/20
Date:

[Signature]
Signature

Digital 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 work listed:

Patrick T. Scanlon AFOS
Print Name/Rank:

Date:

Patrick T. Scanlon
Signature

Digital Signature: