

FORMS

CERTIFICATION OF WORK

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

FACID: NY 116Date of Visit: 12/15/20Building: NEW WINDSOR USARMCCSS: 26317 W/O 9752

Contractor Personnel on Site:

CMMS: _____

1. JOAN A. SULLIVANService Order: ☒2. MATTHEW A. SULLIVANCorrective Maintenance: ☐

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____

Description: _____

Repairs: REMOVE FAULTY SURGE PROTECTION
MODULES IN MAIN FRAME ELECTRICAL CABINETS
1ST & 2ND FLOOR. INSTALL RETROFIT HARDWARE, INSTALL
NEW SURGE PROTECTION MODULES. INSTALL WIRING TO
NEW UNITS. ALL UNITS OPERATING WITH NEW PROTECTION

To be signed by the Contractor:

Print Name: JOHN A. SULLIVAN Date: 10/15/20Signed: 

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: Peter Boyle RTO-5 Date: 15 Dec 20Signed: E-Mail: Peter J. Boyle / civ @ mail.mil