

CERTIFICATION OF WORK

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

FACID: NY060Date of Visit: 5/17 - 5/18Building: SCHEENECTADY USARCCSS: 27801

Contractor Personnel on Site:

CMMS: _____

1. JOHN A. SULLIVANService Order:

2. _____

Corrective Maintenance:

Service Order Work Performed:

Unit: _____

Manufacturer: _____

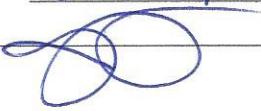
Model: _____

Serial: _____

Description: _____

_____Repairs: REPAIR LIGHTS IN MEN'S & LADIES SHOWER STALLS. REPAIR LIGHTING IN HALLWAYS/ OFFICES

To be signed by the Contractor:

Print Name: JOHN A. SULLIVANDate: 5/18/21Signed: 

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: Michael MosemanDate: 5/18/21Signed: 

E-Mail: _____