

CERTIFICATION OF WORK

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

FACID: NY060

Date of Visit: 5/17 - 5/18

Building: SCHENECTADY USARC

CSS: 27801

Contractor Personnel on Site:

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

1. JOHN A. SULLIVAN

Service 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

\_\_\_\_\_

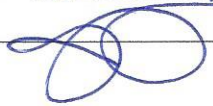
\_\_\_\_\_

\_\_\_\_\_

To be signed by the Contractor:

Print Name: JOHN A. SULLIVAN

Date: 5/18/21

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: Michael Roseman

Date: 5/18/21

Signed: 

E-Mail: \_\_\_\_\_