

CERTIFICATION OF WORK

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

FACID: NY060

Date of Visit: 5/18

Building: SCHENECTADY USARC

CSS: 29179

Contractor Personnel on Site:

CMMS: _____

1. JOHN A. SULLIVAN

Service Order:

2. _____

Corrective Maintenance:

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____

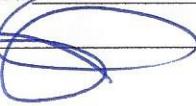
Description: _____

Repairs: REPAIR LIGHTING OUTSIDE RESTROOM
ENTRANCE AREA

To be signed by the Contractor:

Print Name: JOHN A. SULLIVAN

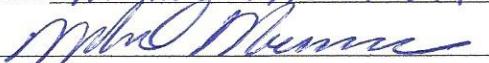
Date: 5/18/21

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 Moseman Date: 5/18/21

Signed: 

E-Mail: _____