

FORMS

## CERTIFICATION OF WORK

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

FACID: NY060Date of Visit: 5/18Building: SCHENECTADY USARCCSS: 29179

Contractor Personnel on Site:

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

1. JOHN A. SULLIVANService Order: ☒

2. \_\_\_\_\_

Corrective Maintenance: ☐

## Service Order Work Performed:

Unit: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Serial: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

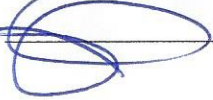
Repairs: REPAIR LIGHTING OUTSIDE RESTROOM  
ENTRANCE AREA

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To be signed by the Contractor:

Print Name: JOHN A. 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: \_\_\_\_\_