

CERTIFICATION OF WORK

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

FACID: NEW WINDSOR USARC

Building: NY116

1. JOHN A. SULLIVAN

Contractor Personnel on site:

2. _____

Contractor Personnel on site:

Date of Visit: 6/8/21

CSS: 30839 WO: _____

Service Order: ☒

Corrective Maintenance: ☐

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____

Description:

Repairs

Chesk out problem with faulty circuit for parts washer. Check circuit breaker in utility closet. Circuit checks ok.

Test GFCI receptacle exterior of building. GFCI is intermittent and needs to be replaced. Replace GFCI, circuit checks OK

To be signed by the Contractor:

John A Sullivan

Print Name:

Signature:

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 work listed:

Michael Moseman

Print Name/Rank:

Signature:

6/9/2021

Date:

Digital Signature:

6/9/2021

Date:

MOSEMAN.MICHAEL
L.1019347725

Digital Signature:

Digitally signed by
MOSEMAN.MICHAEL.1019347725
Date: 2021.06.09 11:12:37 -0400