

CERTIFICATION OF WORK

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

FACID: NEW WINDSOR USAIC
Building: NY116
1. JOHN A. SULLIVAN
Contractor Personnel on site:
2.
Contractor Personnel on site:

Date of Visit: 6/8/21 WO: _____
CSS: 30839 Service Order:
Corrective Maintenance:

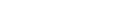
Service Order Work Performed:

Unit: _____
Manufacturer: _____
Model: _____
Serial: _____

Description:

Check 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: 

6/9/2021

Digital Signatures

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:

6/09/2021
Date:
MOSEMAN.MICHAEL.1019347725 Digitally signed by
MOSEMAN.MICHAEL.1019347725
Date: 2021.06.09 11:12:37 -04'00'
Digital Signature:

Signature: