

CERTIFICATION OF WORK

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

FACID: NY059

Building: ROTTERDAM USARC

1. JOHN A. SOLIVAN
Contractor Personnel on site:

2. _____
Contractor Personnel on site:

Date of Visit: 11/17/21

CSS: 31083 WO: 14861

Service Order: ☒

Corrective Maintenance: ☐

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____

Description:

Repairs

REMOVE A QTY OF 7 EXIT/EMERGENCY LIGHT
COMBO UNITS THAT ARE FAULTY. INSTALL A QTY OF
7 NEW COMBO UNITS IN SAME LOCATIONS.
TROUBLESHOOT A QTY OF 3 FIXTURES THAT DO NOT HAVE
POWER. POWER TO UNITS WAS TERMINATED WHEN BLDG LIGHTING WAS
RETRIFITTED TO LED. INSTALL NEW CIRCUITS TO THE 3 FIXTURES.

To be signed by the Contractor:

JOHN A. SOLIVAN
Print Name:

11/17/21
Date:


Signature:

Digital 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:

11/17/21
Date:


Signature:

Digital Signature: