

## FORMS

## CERTIFICATION OF WORK

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

FACID: NY011Date of Visit: 3/28, 3/29/3/30, 3/31, 4/1Building: BOLWILLE USARCCSS: 33359 WFO/16299

Contractor Personnel on Site:

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

1. JOHN A. SULLIVANService Order: ☒2. MATTHEW SULLIVANCorrective Maintenance: ☐

## Service Order Work Performed:

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Repairs: REMOVE QTY OF 15 FAULTY METAL HALIDE LIGHTS  
ON POLES ALONG ENTRANCE. INSTALL QTY OF 15  
NEW LED LIGHTS, RETROFIT POLES FOR MOUNTING, REPLACE  
PHOTO CONTROL & LIGHTING CONTACTOR

To be signed by the Contractor:

Print Name: JOHN A. SULLIVAN Date: 4/1/22

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: JAMES JOHNSON AFOS Date: 4/1/22

Signed: \_\_\_\_\_

E-Mail: james.m.johnson@AFOS.com