, ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID: NY011

Building: BULLVILLE USARC

1. JOHN A. SULLIVAN
Contractor Personnel on site:

2. _____
Contractor Personnel on site:

Date of Visit: 2/8/22

CSS: 34448 WO: _____

Service Order: ☑

Corrective Maintenance: ☐

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____

Description:

EMERGENCY SERVICE CALL TO CHECK OUT LOSS OF POWER TO OMS FACILITY.
CHECK MAIN TRANSFERMER, MAIN DISCONNECT, VISUAL CHECK OF HIGH VOLTAGE FUSES.
PROBLEM IN HIGH VOLTAGE SWITCHGEAR OR FUSES

Repairs

To be signed by the Contractor:

JOHN A. SULLIVAN
Print Name:

2/8/22
Date:

Digital Signature:

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:

JAMES JOHNSON AFC
Print Name/Rank:

2-8-22
Date:

Digital Signature:

Signature: