

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

FACID: NY128
Building: SAUGERTIES NY USARC
1. JOHN A. SULLIVAN
Contractor Personnel on site:
2. _____
Contractor Personnel on site:

Date of Visit: 9/23/22 & 10/19/22
CSS: 89946 WO: _____
Service Order:
Corrective Maintenance:

Service Order Work Performed:

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

Description:

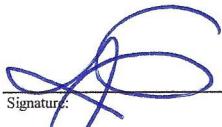
CHECK OUT PROBLEM WITH FLAGPOLE AND WALKWAY LIGHTING.

Repairs

TRROUBLESHOOT WIRING TO EXTERIOR LIGHTING. CHECK PHOTOCELLS LIGHTING CONTROLLER, FUSES. LIGHTING INVERTOR IN ELECTRICAL ROOM OUT OF SERVICE. CHANGE TO BYPASS MODE TO ENERGIZE EMERGENCY LIGHTING PANEL. INSTALL NEW PHOTOCELLS. REMOVE BOLLARD LIGHTS, CHECK TERMINATIONS. LIGHTS CHECK OK.

To be signed by the Contractor:

JOHN A. SULLIVAN
Print Name:


Signature:

10/24/22
Date:

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:

Chris Pothier AFOS
Print Name/Rank:

10/24/2022

Date:

Digital Signature:

Christopher Pothier
Signature: