ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID: NY11

Building: BULLVILLE NY USARC

1. JOHN A. SULLIVAN
Contractor Personnel on site:

2. _____
Contractor Personnel on site:

Date of Visit: 9/28/2022 & 11/1/2022

CSS: 90050 WO: _____

Service Order: ☑

Corrective Maintenance: ☐

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____

Description:

SERVICE CALL TO INVESTIGATE VESTIBULE LIGHTING

Repairs

REPLACE LED BATTERY PACK FOR ONE LED EMERGENCY FIXTURE

REPLACE LED DRIVER FOR ONE FIXTURE

VESTIBULE LIGHTING ON PHOTOCELL ONLY OPERATES AT NIGHT

To be signed by the Contractor:

JOHN A. SULLIVAN
Print Name:

11/1/2022
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:

Angel Vargas 659
Print Name/Rank:

2022 11 01
Date:

Digital Signature:

Signature: