ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID: NY060

Building: SCHNECETADY N.Y. USARC

1. JOHN A. SULLIVAN
Contractor Personnel on site:

2. _____
Contractor Personnel on site:

Date of Visit: 6/23/22 & 12/30/22

CSS: 1077 WO: _____

Service Order: ☑

Corrective Maintenance: ☐

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____

Description:

SERVICE CALL TO SITE TO EVALUATE LIGHTING REPAIRS IN ALL LOCATIONS DECRIBED IN WORK ORDER TROUBLESHOOT LIGHTS FOR OPERATION, REPAIRS & PARTS WILL BE FORWARDED IN PROPOSAL

Repairs

REPLACE BATTERY INVERTERS & BALLASTS IN EMERGENCY LIGHTING FIXTURES IN FRONT & REAR STAIRWELL AREAS. REPAIR RECESSED LIGHTING FIXTURES IN LANDING AREA OF MAIN STAIRWELL LOUNGE AREA. REPLACE BULBS IN FIXTURES. PROVIDE SCAFFOLDING TO ACCESS REPAIRS IN 30 FT. CEILING

To be signed by the Contractor:

JOHN A. SULLIVAN
Print Name:

12/30/22
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:

Chris Pothier AFOS
Print Name/Rank:

12-30-22
Date:

Digital Signature:

Signature: