

CERTIFICATION OF WORK

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

FACID: NY 128
Building: SAUGERTIES NY USARV
1. JOHN A. SULLIVAN
Contractor Personnel on site:
2. _____
Contractor Personnel on site:

Date of Visit: 6/3/22
CSS: 196 WO: _____
Service Order: ☒
Corrective Maintenance: ☐

Service Order Work Performed:

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

Description:

Repairs

REMOVE A QTY OF 2 FAULTY EMERGENCY LIGHT
UNITS IN 1ST FLOOR HALLWAY & MECHANICAL ROOM
REPLACE WITH LED STYLE UNITS

To be signed by the Contractor:

JOHN A. SULLIVAN
Print Name:

6/3/22
Date:


Signature:


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 / DPW
Print Name/Rank:

6/3/2022
Date:


Signature:

Digital Signature: