

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

FACID: NY 128  
Building: SAUGERTIES NY USARC  
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 Peltier AFOS / DPW  
Print Name/Rank:

6/3/2022  
Date:

Signature:

Digital Signature: