

CERTIFICATION OF WORK

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

FACID: NY059
Building: ROTTERDAM USAR&
1. JOHN A. SULLIVAN
Contractor Personnel on site:
2. MATTHEW A. SULLIVAN
Contractor Personnel on site:

Date of Visit: 1/14/21
CSS: 22138 WO: 6874
Service Order: ☒
Corrective Maintenance: ☐

Service Order Work Performed:

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

Description:

INSTALL NEW CIRCUITS IN TRUCK BAYS
INSTALL GFCI RECEPTACES ON WALLS
OF TRUCK BAY AND WIRE TO NEW CIRCUITS

Repairs

To be signed by the Contractor:

JOHN A. SULLIVAN
Print Name:

1/15/21
Date:

[Signature]
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:

Michael Moseman
Print Name/Rank:

1/15/2021
Date:

Michael Moseman
Signature:

Digital Signature: