

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

FACID: NY050
Building: ORANGEBURG USARC
1. JOHN A. SULUVA
Contractor Personnel on site:
2. _____
Contractor Personnel on site:

Date of Visit: 1/21/21
CSS: 28460 WO: _____
Service Order: ☒
Corrective Maintenance: ☐

Service Order Work Performed:

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

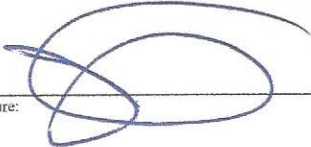
Description:

Repairs
CHECK OUT PROBLEM WITH EXTERIOR SECURITY
LIGHTS ON DURING THE DAYTIME. CHECK LIGHTING
CONTACTOR, PHOTO CONTROLS, HAND/AUTO SETTING.
FAULTY EXTERIOR CONTROL FOUND. REMOVE & REPLACE
CIRCUITS CHECK OK

To be signed by the Contractor:

JOHN A. SULUVA
Print Name:

1/21/21
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:

Michael Moseman
Print Name/Rank:

1/22/2021
Date:

Michael Moseman
Signature:

Digital Signature: