

**CERTIFICATION OF WORK**

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

FACID: NY050  
Building: ORANGEBURG USARC  
1. JOHN A. SULLIVAN  
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. SUZANNA

1/21/21

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Print Name:

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:

Michael Moseman

Print Name/Rank:

1/22/2021

Date:

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### Digital Signatures

Michael Moseman

Signature: