

CERTIFICATION OF WORK

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

FACID: UTICA NYDate of Visit: 5-13-21Building: motor pool GateCSS: 30054 WO-12540

Contractor Personnel on Site:

CMMS: 1048 ES-16571. Keith PearsonService Order: ☒2. Chris DenikeCorrective Maintenance: ☐

Service Order Work Performed:

Unit: Gate operatorManufacturer: Hy Security

Model: _____

Serial: _____

Description: Repair the safety eye, or the safety edge on the motorized gate to the Ashley FFR motor poolGate No Working

Repairs: made All Necessary Adjustments to Gate
and operator. Replaced photo-eye, Enlarged
Reflective Surface. Install Surge Suppression
@ Gate operator.

Gate Now Running Normally @ time of call.

To be signed by the Contractor:

Print Name: Keith Pearson Date: 5-13-21Signed: [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 stated work listed:

Print Name/Rank: T. Thomas, A1 Date: 20210510Signed: [Signature]E-Mail: A1.Thomas1.mil@mail.mil





CONVERTING INCOMING VOLTAGE
CAUTION: ONLY QUALIFIED PERSONNEL SHOULD ATTEMPT TO CHANGE INPUT VOLTAGE

BLUISH-BROWN
ORANGE-BROWN
WHITE-PAVE

MOTOR
STARTER

13 NO 2
14 NO 2

2T1 4T2 6T3





