

CERTIFICATION OF WORK

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

FACID: NY 060  
Building: SCHENECTADY USARC  
1. JOHN A. SULLIVAN  
Contractor Personnel on site:  
2. \_\_\_\_\_  
Contractor Personnel on site:

Date of Visit: 6/15/22  
CSS: 35151 WO: 16875  
Service Order:   
Corrective Maintenance:

Service Order Work Performed:

Unit: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_  
Model: \_\_\_\_\_  
Serial: \_\_\_\_\_

Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Repairs

REPLACE BALLASTS | BULBS IN RECESSED LIGHTING  
REPLACE BALLASTS | BULBS IN 2X4 DROP IN FIXTURES  
REPLACE EMERGENCY BATTERY INVERTERS IN FIXTURES  
ALL LIGHTING LOCATED ON 1ST & 2ND LEVELS OF  
BUILDING MULTIPLE FIXTURES EACH FLOOR

To be signed by the Contractor:

JOHN A. SULLIVAN  
Print Name:

6/15/22  
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:

Chris Pothier AFOS/ 99<sup>th</sup> DPW  
Print Name/Rank:

6-15-2022  
Date:

Digital Signature:

Chris Pothier  
Signature: