

CERTIFICATION OF WORK

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

FACID: NY 060
Building: SCHENECTADY USARZ
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:

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:

Chris Potier AFOS/94th DPW
Print Name/Rank:

6-15-2022
Date:

Chris Potier
Signature:

Digital Signature: