

CERTIFICATION OF WORK

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

FACID: NY128
Building: SAUGERTIES USARC
1. JOHN A. SULLIVAN
Contractor Personnel on site:
2. _____
Contractor Personnel on site:

Date of Visit: 9/23/22
CSS: 89947 WO: 19364
Service Order: ☒
Corrective Maintenance: ☐

Service Order Work Performed:

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

Description:

REPAIR ELECTRICAL OUTLET IN OMS BLDG.

Repairs

CHECK OUT PROBLEM WITH OUTLET IN OMS
TRUCK BAY NOT WORKING. RECEPTACLE IS
FAULTY. INSTALL NEW 20A. GFCI RECEPTACLE
CIRCUIT CHECKS OK

To be signed by the Contractor:

JOHN A. SULLIVAN
Print Name:

9/23/22
Date:

[Signature]
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 Pothier
Print Name/Rank:

9-23-22
Date:

Chris Pothier
Signature:

Digital Signature: