

CERTIFICATION OF WORK

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

FACID:

NY024

Building:

FORT WADSWORTH USARZ

1. Contractor Personnel on site:

JOHN A. SULLIVAN

2. Contractor Personnel on site:

Date of Visit:

3/3/2021

CSS:

27694

WO:

10714

Service Order:



Corrective Maintenance:



Service Order Work Performed:

Unit:

Manufacturer:

Model:

Serial:

Description:

Repairs

REMOVE BROKEN LIGHTING BOLLARD ON
WALKWAY. INSTALL A NEW LED BRONZE LIGHTING
BOLLARD IN SAME LOCATION, ANCHOR TO CONCRETE
BASE & WIRE TO LIGHTING CIRCUIT

To be signed by the Contractor:

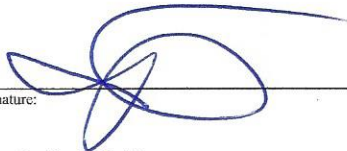
JOHN A. SULLIVAN

Print Name:

3/3/2021

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:

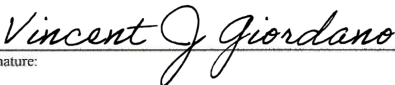
Vincent J Giordano

Print Name/Rank:

3/4/2021

Date:

Signature:



Digital Signature: