

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

FACID: NY024  
Building: FORT WADSWORTH USAF  
1. JOHN A. SULLIVAN  
Contractor Personnel on site:  
2. \_\_\_\_\_  
Contractor Personnel on site:

Date of Visit: 3/3/2021  
CSS: 27644 WO: 10714  
Service Order:   
Corrective Maintenance:

Service Order Work Performed:

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

Description:

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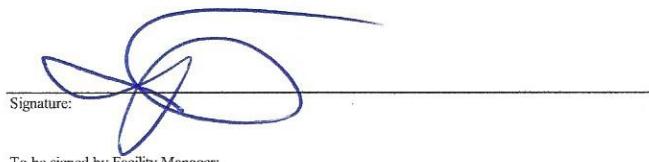
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Repairs

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:

Signature: 

3/3/2021  
Date:

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:

Digital Signature:

Vincent J Giordano  
Signature: