

CERTIFICATION OF WORK

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

FACID: NY116
Building: NEW WINDSOR, NY, USARC
1. JOHN A. SULLIVAN
Contractor Personnel on site:
2. _____
Contractor Personnel on site

Date of Visit: 7/30/20 & 8/3/20
CSS: 25335 WO: 9320
Service Order ☒
Corrective Maintenance ☐

Service Order Work Performed:

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

Description:

Repairs

REMOVE SLIDING SECURITY GATE FROM SUPPORTS
REMOVE FAULTY TROLLEYS & REPLACE WITH NEW
8 WHEEL TROLLEYS. READJUST GATE TRAVEL
ADJUST TROLLEYS FOR GATE TRAVEL
TEST GATE OPERATES NORMAL

To be signed by the Contractor.

JOHN A. SULLIVAN
Print Name:

8/4/20
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.

Patrick T. Scanlon AFOS
Print Name/Rank:

aug 5th 2020
Date:

Patrick T. Scanlon
Signature

Digital Signature: