

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 TROLIES & REPLACE WITH NEW
8 WHEEL TROLIES. READJUST GATE TRAVEL
ADJUST TROLIES FOR GATE TRAVEL
TEST GATE OPERATES NORMAL

To be signed by the Contractor.

JOHN A. SULLIVAN
Print Name:

8/4/20
Date:

Digital Signature:

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 aug 5th 2020
Print Name/Rank:

Digital Signature:

Signature:

Patrick T. Scanlon