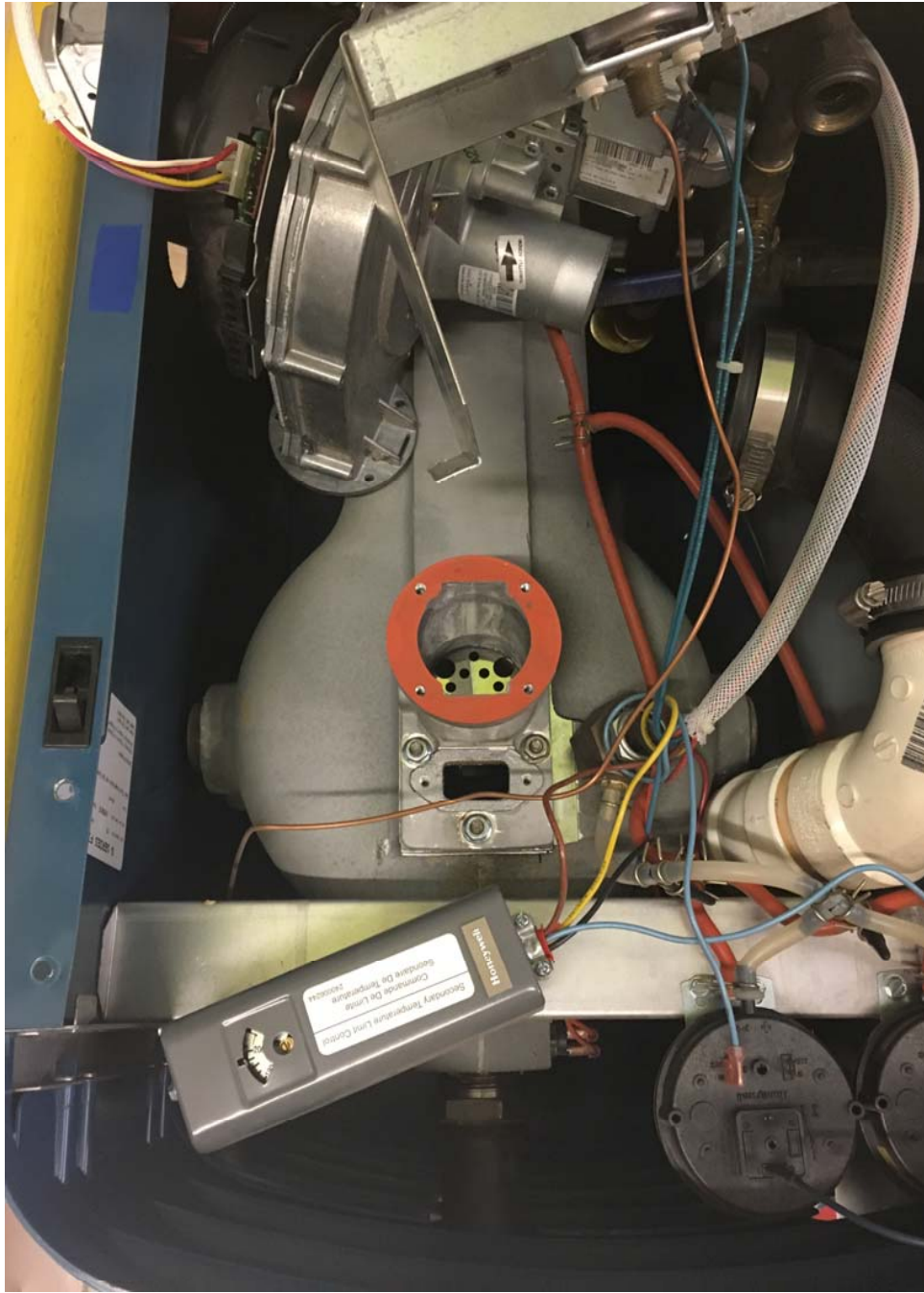






CERTIFICATION OF WORK
SERVICE CALL

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

FACID/Building: 24017 Date of Visit: 1/15/19

Contractor Personnel on Site:

1. Deborah
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# 15930 WO# 5921
15932
5912

Description of Repairs

Boiler #2 - Replaced Ignition Tube, spark igniter, spark wire & All
Gaskets
Boiler #3 - Replaced Ignition Tube, spark Igniter, spark wire & All
Gaskets
All gas Kets

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deborah Date: 1/15/19

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Leslie Lindon GS09 Date: 1/15/19

Signed: _____

E-Mail: _____