

CERTIFICATION OF WORK

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

FACID/Building: WV034 Date of Visit: 8/16/2023

Contractor Personnel on Site:

1. Casto tech 2. \_\_\_\_\_

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO# 196500

Service Calls – Service Call Number and Description


1. CSS# 93381 Replace Burner control on Burnham Boiler #1  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

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To be signed by the Contractor:

Print Name: Shawn V. Shelton Date: 8/16/2023

Signed: 

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 stated work listed:

Print Name/Rank: \_\_\_\_\_ Date: 8/16/2023

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_