

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: \_\_\_\_\_ Date of Visit: 11/30/18

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Dale Dehanich</u> | 4. _____ |
| 2. _____                | 5. _____ |
| 3. _____                | 6. _____ |

Service Call Number

CSS# 16055 WO# 6391

Description of Repairs

Replaced Control Assembly (2 boards) & Ignition System  
on Boiler 1 - Trouble shot Voltage - All ok

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Dale Dehanich Date: 11/30/18  
Signed: [Signature]

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: Mr. Hlaw De Santos SGT Date: 30 Nov 2018

Signed: [Signature]

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