

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY010 Date of Visit: 2/5/19

Contractor Personnel on Site:

- | | |
|----------------------|----------|
| 1. <u>ERIK KRYTA</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 17238 WO# 7464

Description of Repairs

REPLACE BURNING ASSY

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: ERIK KRYTA Date: 2/5/19

Signed: 

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:  Date: 2/5/19

Signed: 

E-Mail: _____

WARRANTY
VOID IF THIS
LABEL IS
REMOVED

F81 V01164



ENCLOSURE TYPE 2
BOÎTIER DE TYPE 2

PART NO. MODEL NO.

1EF016LF

66048

MAX. WATER PRESS.

176

MAX. WATER TEMP.

250

ASSEMBLED IN USA
MORTON GROVE, IL, USA

P2002967

