

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

FACID/Building: _____ Date of Visit: 2-20-19

Contractor Personnel on Site:

1. Root of a leak on a dielectric union and dielectric nipples located on a heating line. Need to replace both fittings. Need to report the work performed; the drawing for the heating line from the floor into the map room. The contractor was to be for the worked water heater

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

1. WO# _____

Service Calls - Service Call Number and Description

1. CSS# 17106

2. CSS# _____

3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bob Novich Date: 2-20-19

Signed: [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 stated work listed:

Print Name/Rank: THOMAS STEWARTS Date: 20 FEB 19

Signed: [Signature]

E-Mail: _____





