

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY052 Date of Visit: 10 Dec 18

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 15955 WO# 5969

Description of Repairs

Replaced water feeder. Boiler #1 pressure/temp gauge.
Both pressure Relief valves on Boiler #1 and #2.
(water feeder was replaced By another Company prior to this
Date.)

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Joseph Smith Date: 10 Dec 18

Signed: 

To be signed by Facility Manager:

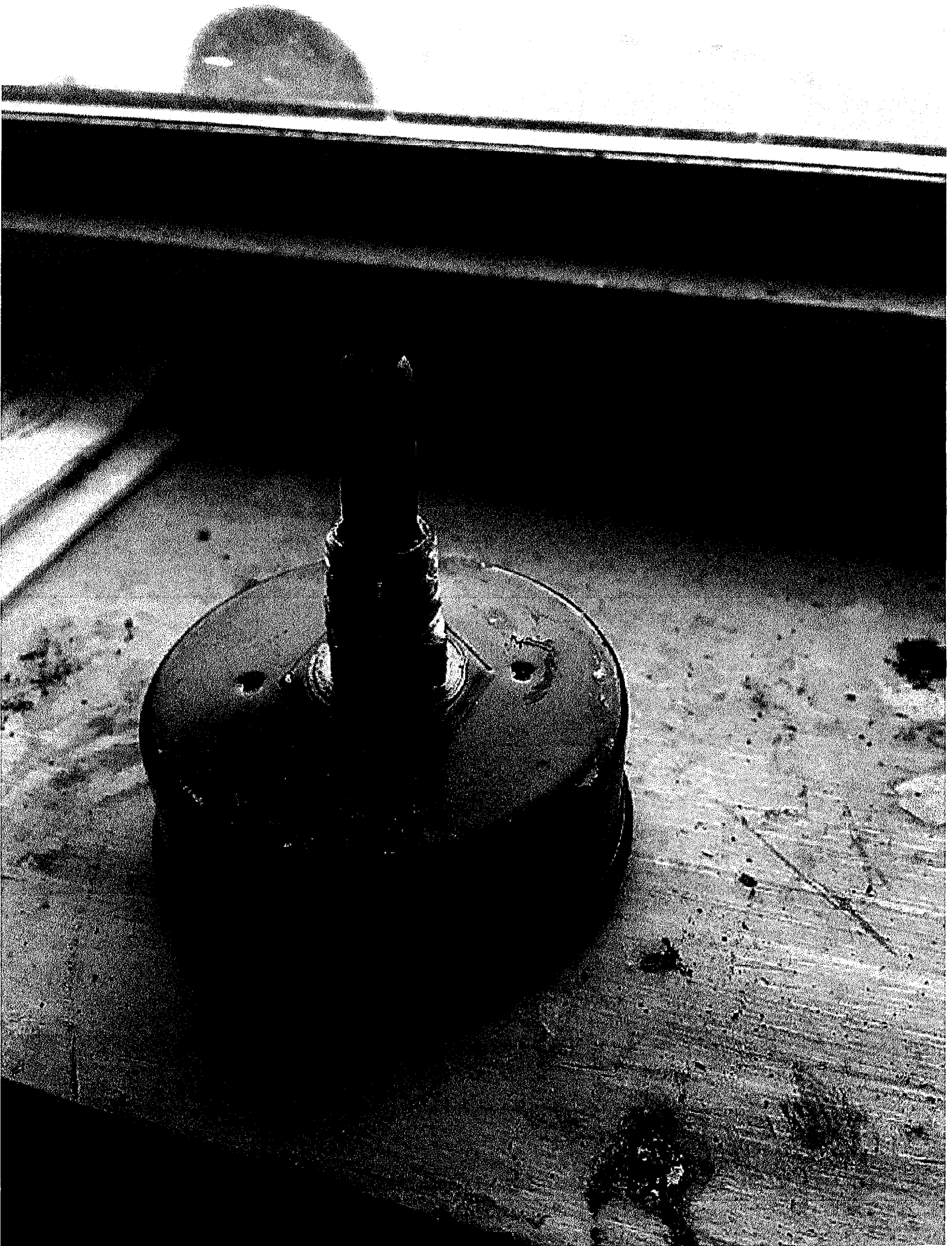
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: _____ Date: 10 Dec 18

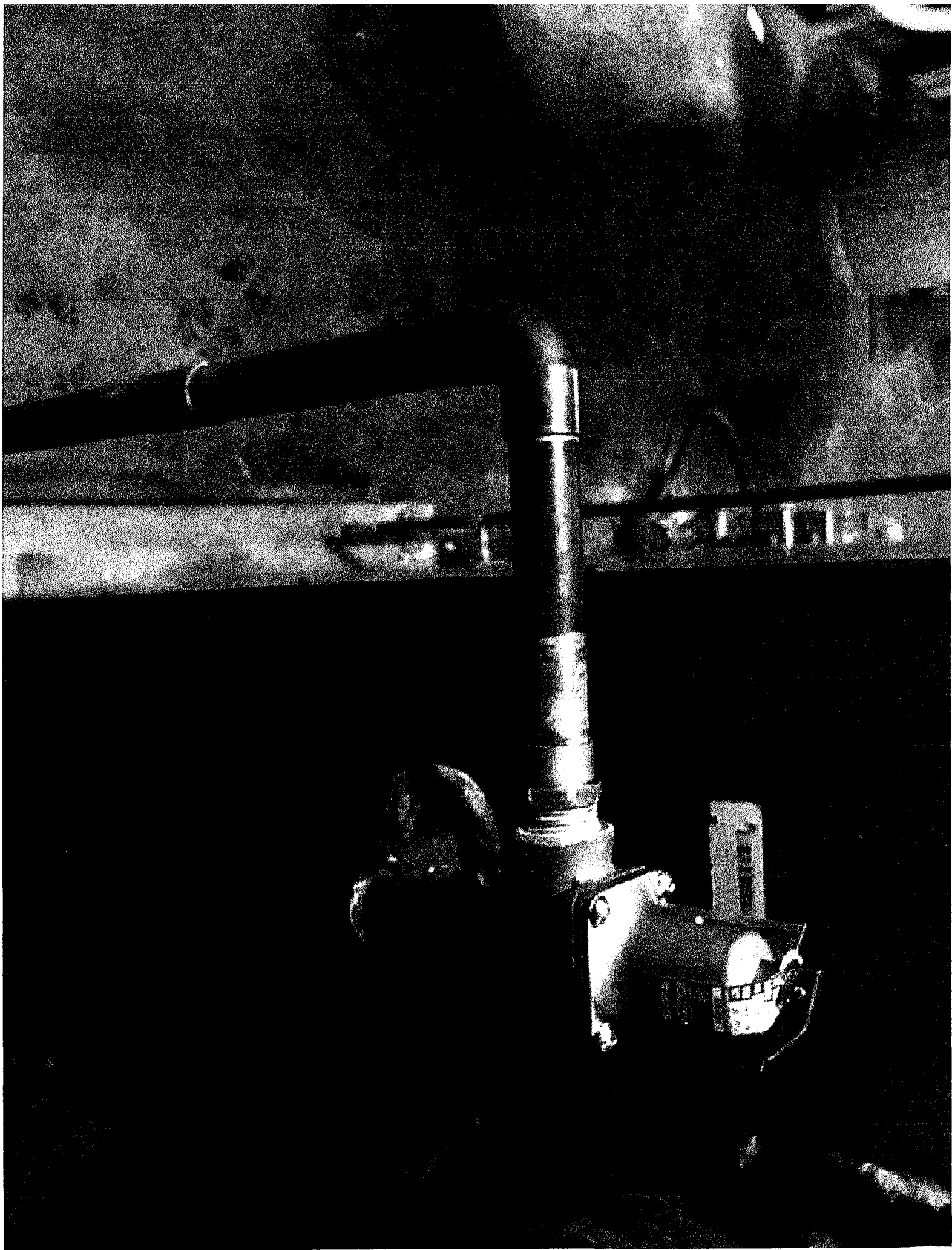
Signed: 

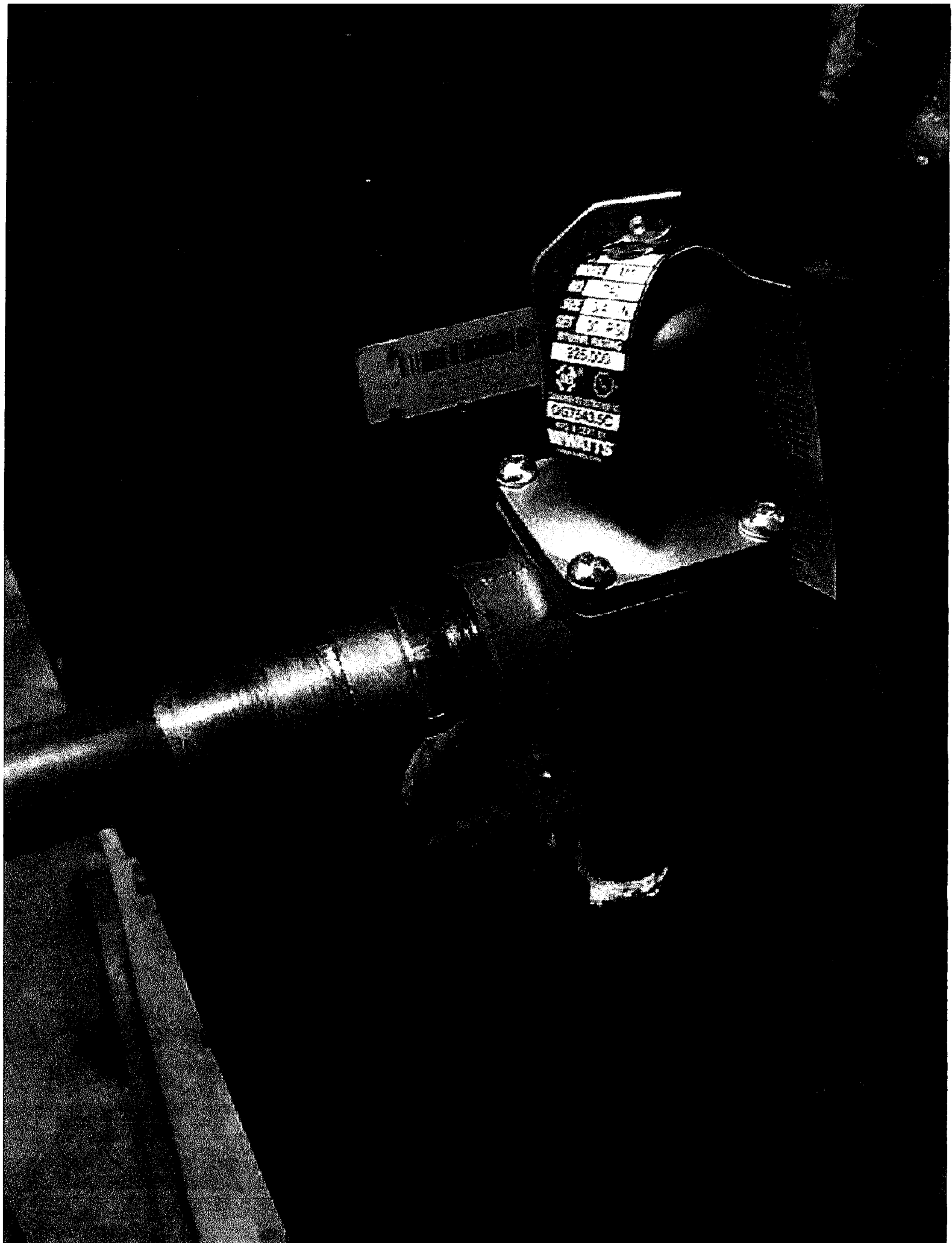
E-Mail: _____













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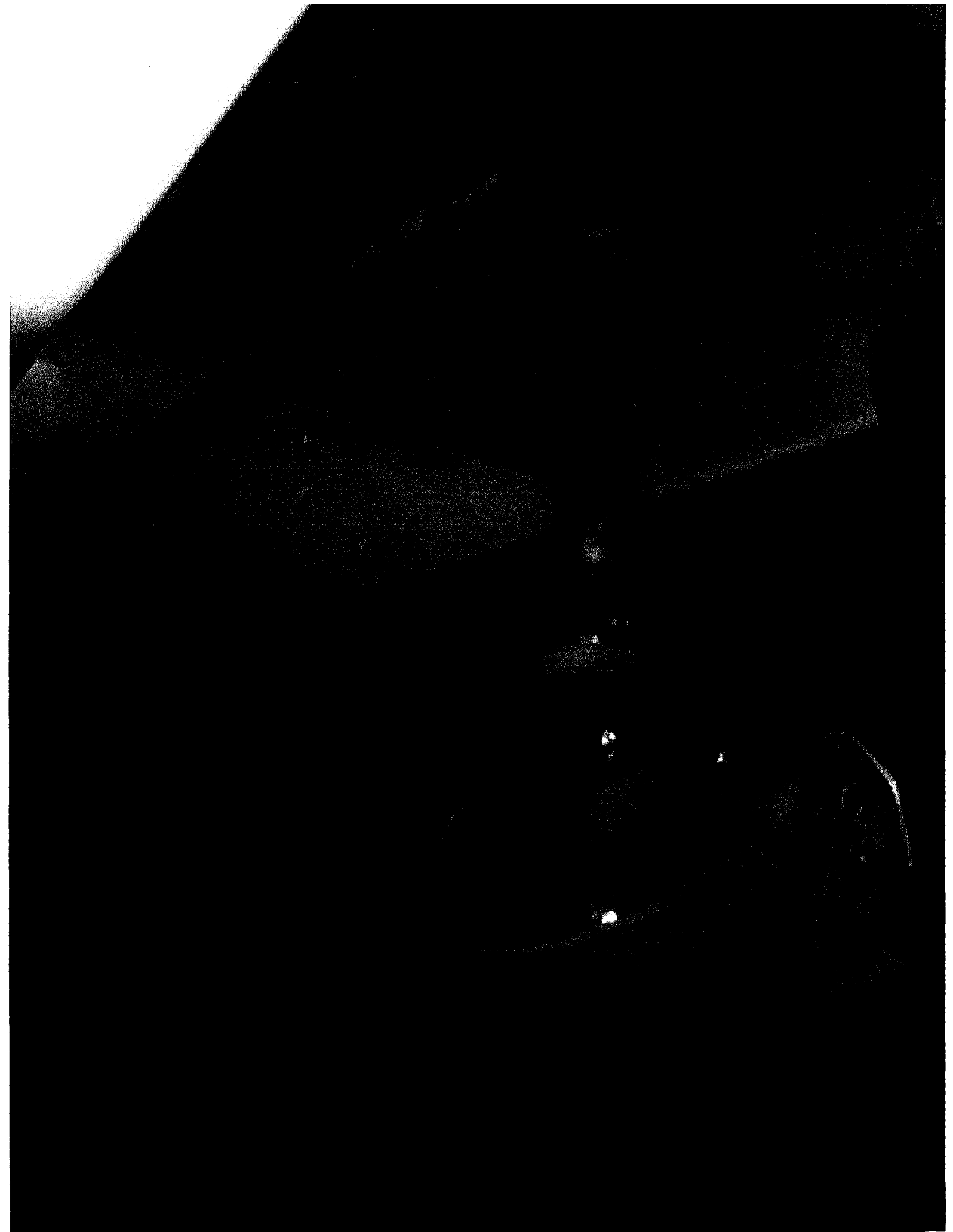
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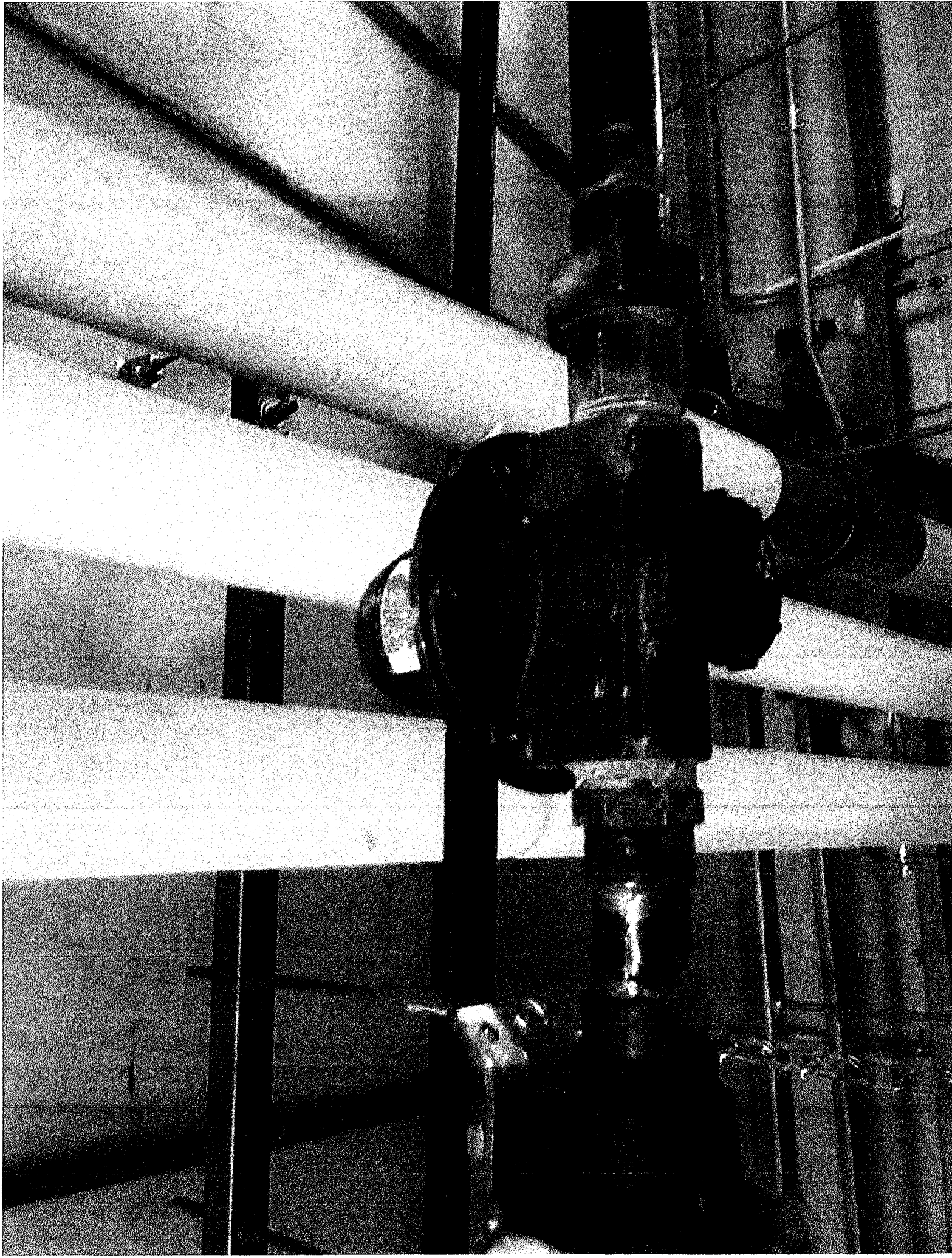
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REDUCING VALVE

12.05	100 F	100 PSI
SEAL	100 PSI	100 PSI
87-12	100 PSI	100 PSI

MODEL NO.