

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY010

Date of Visit: 1-14-19 and 1-15-19

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Brett Foster</u> | 4. _____ |
| 2. <u>Brian Rossman</u> | 5. _____ |
| 3. <u>Scott Glinshi</u> | 6. _____ |

Service Call Number

CSS# 16621 WO# 6831

Description of Repairs

Instal new air separator in
boiler room and vent system

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Brett Foster Date: 1-15-19

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: Foster / A.W.C. Date: 1/15/19

Signed: 

E-Mail: _____



