

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: NY067 BLDG1 Date of Visit: 1/6/20

Contractor Personnel on Site:

- | | |
|-------------------------|----------------------|
| 1. <u>DEREK PERRY</u> | 4. <u>Hyde-Stone</u> |
| 2. <u>Patrick Brown</u> | 5. <u>TIDEWATER</u> |
| 3. _____ | 6. _____ |

Service Call Number

CSS# 22209 WO# 5688 - 5690


Description of Repairs

A flow switch was installed on boiler one and boiler
2 and the two sitches were tested and they function
properly

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: DEREK PERRY Date: 1/6/20

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: AMMIE Mearero Date: 1/6/20

Signed: 

E-Mail: _____

