

CERTIFICATION OF WORK

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

FACID/Building: MDO05 Date of Visit: 1/21/20

Contractor Personnel on Site:

1. Josh Stephenson
2. S+S Mechanical
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. Investigate leaks in Boiler Room. It is just
2. one Pipe that is dripping from two locations.
3. Removed insulation to see that its Rusty pipe & fittings.

WO# 11422 CSS# 22671 Approx 15ft.
WO# 11421 CSS# 22670

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephenson Date: 1/21/20

Signed: Josh Stephenson

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: FER KPA Date: _____

Signed: FER KPA

E-Mail: 1



HOT WATER RETURN

HOT WATER RETURN

COLD WATER