

# CERTIFICATION OF WORK

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

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

## Contractor Personnel on Site:

- |                              |          |
|------------------------------|----------|
| 1. <u>Josh Stephenson</u>    | 4. _____ |
| 2. <u>S&amp;S Mechanical</u> | 5. _____ |
| 3. _____                     | 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 Rusted pipe fittings.

WO# 11422 CSS# 22671  
11421 22670 Approx 15<sup>min</sup>

## CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: [Signature]

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: Per KPA Date: \_\_\_\_\_

Signed: [Signature]

E-Mail: \_\_\_\_\_





**HOT WATER RETURN**

**HOT WATER RETURN**

**COLD WATER**