

CERTIFICATION OF WORK
SERVICE CALL

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

FACID/Building: MD 19

Date of Visit: 3/3/2020

Contractor Personnel on Site:

1. Brian Davis

2. _____

3. _____

4. _____

5. _____

6. _____

Service Call Number

CSS# 23833

WOP 11776

Description of Repairs

Boden # 2 not running
All systems normal

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis

Date: 3/3/2020

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: NATHAN A. MAZE

Date: 20200303

Signed: [Signature]

E-Mail: NATHAN.A.MAZE.civ@mail.mil

FM WAS NOT
HERE.

INSPECTED
BY KJR
DATE 2-4-08
1992-

HLTC

Fulton

BURNER CONTROL

RUN
tF1 snal 4.4V

↓ ↑ BACK
(EDIT) [] [] [] [] -ENTER [] []

● POWER
● BLOWER
● FLAME
● MAIN
● ALARM

RESET

PUSH BUTTON
OUTLINE
24 VOLT

Honeywell

711010A

711010A

Fulton

Fulton

AN

FLAME

FLAME

WARNING!
DO NOT ADJUST