

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

FACID/Building: De 007

Date of Visit: 10/30/2020

Contractor Personnel on Site:

1. Brian Davis
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. Boiler switches and adjustment screw
2. _____
3. _____

WO# 12918 CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 10/30/2020

Signed: Brian Davis

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: Danielle Barnett Date: 10/30/2020

Signed: Danielle Barnett

E-Mail: _____



TO ADJUST Q+

1. LOOSEN LOCKNUT

2. TURN ADJUSTMENT SCREW

TO INCREASE Q+

OPEN

TO DECREASE Q+

CLOSE

DO NOT TURN SCREW MORE THAN ONE TURN FROM FULLY CLOSED POSITION

Fulton

LWTS

FAN

FLAME

WARNING!
DO NOT ADJUST

BLO