

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. <u>Brian Davis</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls - Service Call Number and Description

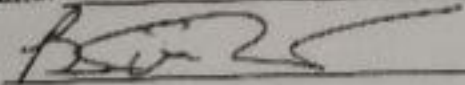
- | |
|--|
| 1. <u>Boiler switches and adjustment screw</u> |
| 2. _____ |
| 3. _____ |

WO# 12918 CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

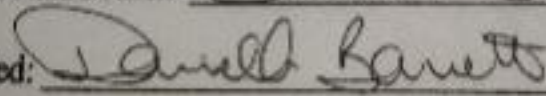
Print Name: Brian Davis Date: 10/30/2020

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: Danielle Barnett Date: 502020

Signed: 

E-Mail: _____



More Than
From
Fully Closed
Iron-Bright

Fulton

LWTS

FAN

FLAME

WARNING!
DO NOT ADJUST

BLO