

# CERTIFICATION OF WORK

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

FACID/Building: DE 007

Date of Visit: 12/17/2020

Contractor Personnel on Site:

- |                       |          |
|-----------------------|----------|
| 1. <u>Brian Davis</u> | 4. _____ |
| 2. _____              | 5. _____ |
| 3. _____              | 6. _____ |

## Service Calls - Service Call Number and Description

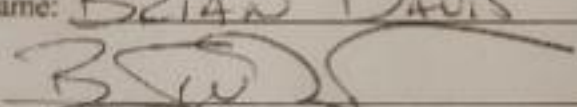
1. Bolus not running. Replaced Plug + Flame
2. Switches and adjusted sensing tubes in
3. Combustion Chamber. System operational

WO# 13434

# CERTIFICATION OF WORK

To be signed by the Contractor:

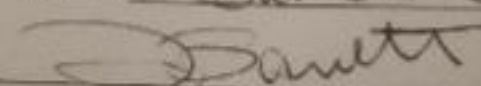
Print Name: BRIAN DAVIS Date: 12/17/2020

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 Barrett Date: 17 Dec 2020

Signed: 

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



STONE SERVICES, INC.  
HEATING • AIR CONDITIONING  
REFRIGERATION • PLUMBING  
410-818-0868



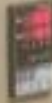


PULSE  
COMBUSTION



B-2

Fulton



PHW

PULSE  
COMBUSTION



B-2

Fulton

