

CERTIFICATION OF WORK

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

FACID/Building: MD 002 Date of Visit: 3/18/2021

Contractor Personnel on Site:

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

Service Calls - Service Call Number and Description

1. Boiler Fire sensor and recirculation pump
2. removed and replaced system up.
3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 3/18/2021
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: Huebner Date: 00210318
Signed: [Signature]

E-Mail: _____

NOTICE
WHEN INSTALLING OR SERVICING THIS UNIT
MAKE SURE THE VENT SYSTEM IS PROPERLY
INSTALLED AND SEALED. SEE INSTALLATION
INSTRUCTIONS.

WARNING

THIS UNIT REQUIRES A SPECIAL VENTING SYSTEM. THE VENT CONNECTION TO THE
UNIT MUST BE MADE ACCORDING TO INSTALLATION AND OPERATION MANUAL.
IF THE VENT SYSTEM IS NOT INSTALLED CORRECTLY, THE UNIT MUST BE
REMOVED FROM SERVICE. THE VENT SYSTEM MUST BE SEALED AND CONNECTED AS DIRECTED IN
THE INSTALLATION AND OPERATION MANUAL TO MAKE THE VENT CONNECTIONS.
IF THE VENT SYSTEM IS NOT SEALED OR CONNECTED CORRECTLY, THE VENT SYSTEM
MAY BE DAMAGED OR CAUSE A FIRE. FAILURE TO FOLLOW OR OPERATE WITH
THIS WARNING COULD RESULT IN DEATH OR SERIOUS INJURY.
SEE PERSONAL SAFETY INSTRUCTIONS.





RESET

SCROLL

STANDBY

OUTLET
INLET

74°F
73°F

MENU GREEN SHDN

SMART SYSTEM

Select

Select