

CERTIFICATION OF WORK

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

FACID/Building: M0002

Date of Visit: 3/18/2021

Contractor Personnel on Site:

1. Brian Davis

4. _____

2. _____

5. _____

3. _____

6. _____

Service Calls – Service Call Number and Description

1. Boiler fire season and Recirculation pump
2. removed and replace System up.
3. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis

Date: 3/18/2021

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: Huebner

Date: 03/18/2021

Signed: C. Huebner

E-Mail: _____

A triangular warning label with the word "WARNING" in large letters. Below it, smaller text reads "HEATING SYSTEM" and "MAINTAIN".



RESET

SCROLL

STANDBY

OUTLET
INLET

74°F
73°F

MEM

REEN

SHDN

SMART SYSTEM

Select

Select