

CERTIFICATION OF WORK

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

FACID/Building: MD 019

Date of Visit: 11/13/2020

Contractor Personnel on Site:

1. Brian Davis

4. _____

2. _____

5. _____

3. _____

6. _____

Service Calls – Service Call Number and Description

1. 13165 - Building no heat. Connected issues with
2. each boiler and checked operations
3. 13124 - #3 boiler high gas pressure switch bad open insp
Removed and replaced checked operations

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: BRIAN DAVIS

Date: 12/13/2020

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: SFC WILL SHAN

Date: 13 NOV 20

Signed: _____

E-Mail: _____

TEMPERATURE SETTINGS
LOCAL UP TO 180F
REMOTE 200F



 **Fulton**



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Air.