

CERTIFICATION OF WORK

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

FACID/Building: AF DE 07 Date of Visit: 10/19/2020

Contractor Personnel on Site:

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

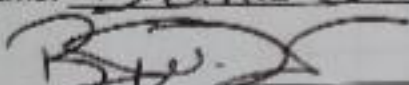
Service Calls - Service Call Number and Description

1. Barlen #1 fuse blowing due to circulation pump
2. _____
3. Reset Drive and freeplate checked good.

CSS# 12930, 12931, 12929

CERTIFICATION OF WORK

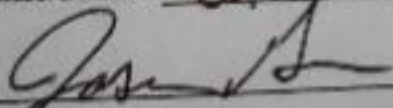
To be signed by the Contractor:

Print Name: Brian Davis Date: 10/19/2020
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: JASON BAVIN AFOS Date: 10/19/2020

Signed: 

E-Mail: _____

Control Panel LCP 102 **CE** **UL**[®] **US**
Ordering No. 130B1157
Type 12 / IP66 Elec. Rating 5V, 120mA
SW. ver. 13 Tamb. 50°C/122°F



130B46 1733L163



