

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

FACID/Building: AB 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. Balcon #1 fuse blowing due to circulation pump
2. _____
3. Reset Davis and fireplate checked good.

CSS#12930, 12931, 12929

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: Jason G
E-Mail: _____

Control Panel LCP 102
Ordering No. 130B1157



Type 12 / IP66
SW. ver. 13

Elec. Rating 5V, 120mA
Tamb. 50°C/122°F



130B46 1733L163



ARMSTRONG

IVS Series