

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

FACID/Building: NY023 B111

Date of Visit: 12/9/19

Contractor Personnel on Site:

1. PAUL BOWMAN

2. J. WILKIE

Work Performed:

Preventive Maintenance - (Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders - CSS 22913 WO 6896

Asset #	Qty	Asset Description
		Blows 118 NO HEAT
		Boiler Controlled Not Working
		SAFETY SWITCHES NOT WORKING
		Damper Needs Adjustments

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: J. Wilkie

Signed: [Signature]

Date: 12/9/19

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: LOUIS CORBO Date: 9 Dec 2019

Signed: [Signature]

E-Mail: LOUIS.A.CORBO-CTR@mail.mil



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• DWG#TC1.3 •
B118



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