

CERTIFICATION OF WORK

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

FACID/Building: NY58 MAIN/PAK Date of Visit: 4 DEC 2022

Contractor Personnel on Site:

1. PHIL JILLMAN 2. BOB GRAHAM Plumber

Work Performed: HEATING ISSUES

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)

Service Orders 255 27754 NO 11098

Asset #	Qty	Asset Description
		Reset all VAV Boxes
		Shut off chillers
		Set Temp to 70°
		Replace Igniter & Probes
		MAIN BLDG Boiler #3
		Replace Low Water Cut Off
		OMS BLDG Boiler #2

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: TOMMY WORME Date: 12/4/22

Signed: [Signature]

To be signed by Facility Manager:

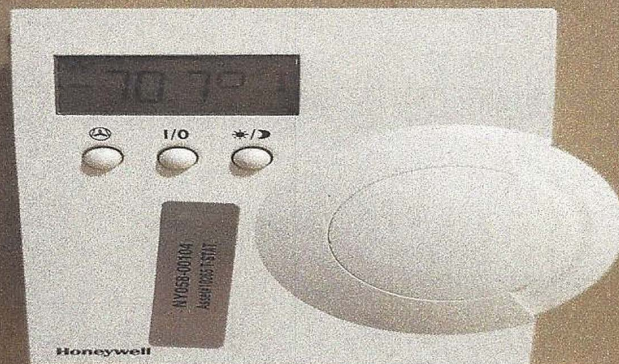
I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: _____ Date: _____

Signed: **LINN.RYAN.G103**
7390832

Digitally signed by
LINN.RYAN.G.1037390832
Date: 2020.12.04 18:14:08 -05'00'

E-Mail: _____



AR 420-1 mandates the
following thermostat settings:
Heating = 68°F & Cooling = 76°F





