

### CERTIFICATION OF WORK

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

FACID/Building: NY58 MAIN/10X Date of Visit: 4 Dec 2020

Contractor Personnel on Site:

1. PHIL SILLMAN

2. BOB GRAHAM Plumber

Work Performed: Heating Issues

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

Service Orders - CSC 27754 NO 11098

| Asset # | Qty | Asset Description                   |
|---------|-----|-------------------------------------|
|         |     | <u>RESET ALL VAU BOILERS</u>        |
|         |     | <u>SHUT OFF CHILLER</u>             |
|         |     | <u>SET TEMP TO 70°</u>              |
|         |     | <u>REPLACE IGNITER &amp; PROBES</u> |
|         |     | <u>MAIN BLDG BOILER #3</u>          |
|         |     | <u>REPLACE LOW WATER CUT OFF</u>    |
|         |     | <u>DMS BLDG BOILER #2</u>           |
|         |     |                                     |
|         |     |                                     |
|         |     |                                     |
|         |     |                                     |
|         |     |                                     |

### CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tom Young Date: 12/4/20

Signed: TY

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: \_\_\_\_\_

**LINN.RYAN.G103**

Digitally signed by

LINN.RYAN.G.1037390832

Date: 2020.12.04 18:14:08 -05'00'

Signed: **7390832**

E-Mail: \_\_\_\_\_







