

CERTIFICATION OF WORK

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

FACID/Building: VR006

Date of Visit: 1/23/19

Contractor Personnel on Site:

1. HOWARD FLOYD

2. Troy CRAIG

Work Performed: Boiler #2, removed/replaced circulator pump. Checked heat  
operation.

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

1. WO# COM 0098257

Service Calls – Service Call Number and Description

1. CSS# 17026

2. CSS# \_\_\_\_\_

3. CSS# 17169

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To be signed by the Contractor:

Print Name: HOWARD FLOYD Date: 1/23/19  
Signed: Howard Floyd

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: Donald Huson Date: 23 Jan 19  
Signed: Donald Huson

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