

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

FACID/Building: VA006

Date of Visit: 1/23/19

Contractor Personnel on Site:

1. HOWARD FLOYD

2. TROY CRAIG

Work Performed: Boiler #2, removed/replaced circulator pump. Check 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

CERTIFICATION OF WORK

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: Ronald Hanson

Date: 23 Jan 19

Signed: [Signature]

E-Mail: _____