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

FACID/Building: WV006 Date of Visit: 7-15-19

Contractor Personnel on Site:

1. ~~ISG~~ 2. _____

Work Performed:

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

1. WO# 4-7164

Service Calls – Service Call Number and Description

1. CSS# 16953 Boiler #2 is not firing when
2. CSS# initiated by controls. Casto's Techni
3. CSS# services subitted qvote that has not been approved.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Andy Bird Date: 7-15-19

Signed: Andy Bird

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: Larry Sclar Date: 15 July 19

Signed:

E-Mail:


CONTROL VALVE
CONTROL VALVE
MARK II
9600 CB
LAARS