

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: \_\_\_\_\_ Date of Visit: 05/28/24

Contractor Personnel on Site:

- |                          |          |
|--------------------------|----------|
| 1. <u>Austin Roberts</u> | 4. _____ |
| 2. _____                 | 5. _____ |
| 3. _____                 | 6. _____ |

**Service Call Number**

CSS# 97007 WO# 15407

**Description of Repairs**

Removed and replaced OAD actuators on AHU 4,7 and 8. Fixed linkages on AHU 6 for OAD  
Found loose linkage and repaired on AHU 3 OAD. Checked operation of AHU 1, 2 and 5. They are operational.  
Removed and replaced exhaust fan motor that serves mechanical room. Investigated chiller and found  
suction temperature sensor bad on circuit 2. Alos quoted to troubleshoot flow issues on Trane chiller

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Austin Roberts Date: 05/29/24

Signed: DocuSigned by:  
  
4057AB04F1094FD

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: THOMAS MCBURNEY Date: 5/30/24

Signed: 

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