

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. Austin Roberts
2. _____
3. _____
4. _____
5. _____
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

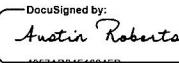
Found loose linkage and repaired on AHU 3 OAD. Checked operation of AHU 1, 2 and 5. They are operational.

Removed and replaced exhaust fan motor that serves mechanical room. Investigated chiller and found suction temperature sensor bad on circuit 2. Also quoted to troubleshoot flow issues on Trane chiller

CERTIFICATION OF WORK

To be signed by the Contractor:

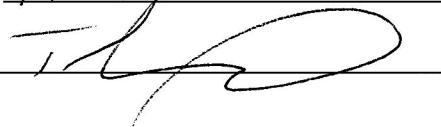
Print Name: Austin Roberts Date: 05/29/24

Signed: 
4057AD54F1C894FD...

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: _____