

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: MD002 Date of Visit: 7/8/22

Contractor Personnel on Site:

1. <u>B. Davis</u>	4. _____
2. _____	5. _____
3. _____	6. _____

Service Call Number

CSS# 1563 WO# 18459

Description of Repairs

Reset cm shutdown alarm on main handler, operation
came back up.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 7/8/22

Signed: 

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: _____ Date: _____

Signed: _____

E-Mail: _____

Outdoor Air Temp: 68.6 °F
Outdoor Air Humidity: 64.0 %RH
Building Static: 0.01 in/wc

DOAS-1 10-DOAS-01

DOAS-2 DOAS-1 Sequence Schedule Points Extensions Alarms History Home

Unit Enable: Enable
Unit Alarm: Alarm
System Reset: Normal
Smoke Detection Alarm: Normal
Emergency Shutdown: Normal
Reset Alarm

Unit Setpoint: 65.00 °F
Dehumid. SP: 55.00 %RH
DAT High SP: 74.00 °F
Og. Lockout SP: 55.00 °F
DAT Low SP: 65.00 °F
Rtn Duct Static SP: -0.65

