

**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.

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**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

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

