

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

FACID/Building: PA063 Date of Visit: 1/16/2019

Contractor Personnel on Site:

1. <u>Greg Stephenson</u>	4. _____
2. _____	5. _____
3. _____	6. _____

Work Performed:

Service Calls – Service Call Number and Description

1. CSS# 17201 WO# 7220
2. Description of repairs :

Found air flow switch not working due to a worn out blower belt. Replaced belt and adjusted it.

Serviced unit to make sure there was no other issues. Operating fine now.

Reset and started unit. Unit operating normally.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Greg Stephenson Date: 1/16/2019

Signed: Greg Stephenson

To be signed by Facility Manager or Government Official

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: Ron Hennon/ GS09 Date: _____

Signed:

E-Mail:

Ron Hennon



REPLACE ONLY WITH MOTOR THAT HAS SAME
SERVICE FACTOR AMPERES.

REPLACEZ LE MOTEUR SEULEMENT PAR UN
MOTEUR D'UN FACTEUR DE SERVICE D'AMPÈRES
PLUS ÉLEVÉ.

110417

ROTATION
ATA27



