

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 mking due to a wom 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 ooperating normally.

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: 

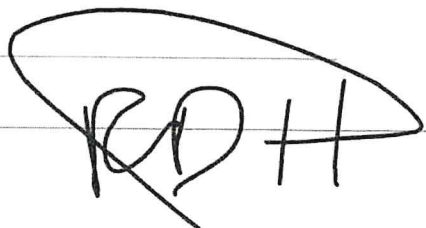
To be signed by Facility Manager or Government Official

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: _____





ROTATION
↑

CAUTION: REPLACE MOTOR ONLY WITH MOTOR THAT HAS SAME
NAME OR HIGHER SERVICE FACTOR AMPERES.
NE REMPLACEZ LE MOTEUR DE SERVICE UNIQUEMENT PAR UN
FACTEUR DE SERVICE D'UN FACTEUR DE SERVICE
PLUS ÉLEVÉ. 110417



