

CERTIFICATION OF WORK

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

FACID/Building: MD-48

Date of Visit: 3/9/2021

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Jeremy Sneath</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

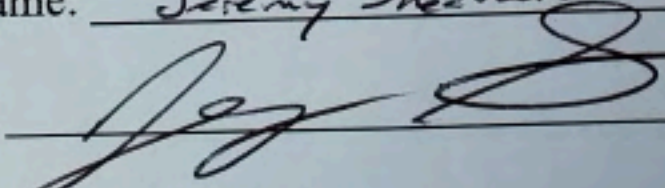
Service Calls – Service Call Number and Description

- | | |
|---|---------------------|
| 1. <u>WO# - 13441</u> | <u>CSS# - 28168</u> |
| 2. <u>Humidistat replacement for Unit 5</u> | |
| 3. _____ | |

CERTIFICATION OF WORK

To be signed by the Contractor:

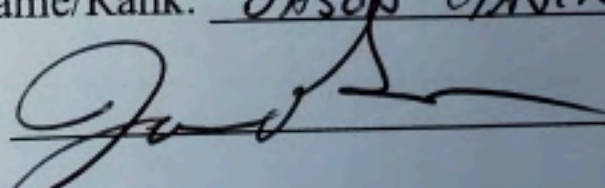
Print Name: Jeremy Sneath Date: 3/9/2021

Signed: 

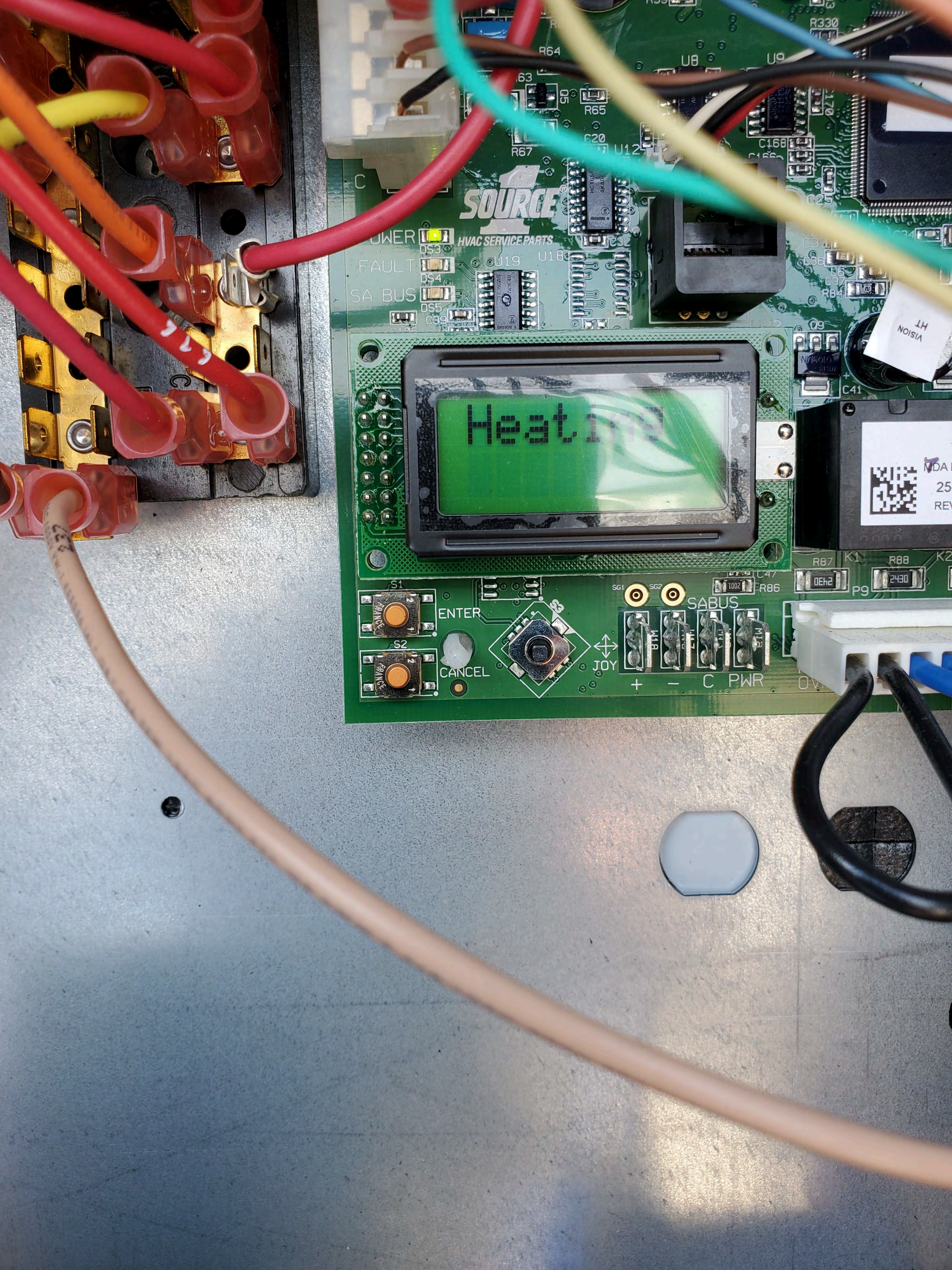
To be signed by Facility Manager:

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: JASON GAVIN AFOS Date: 3/9/21

Signed: 

E-Mail: _____



SOURCE 1

HVAC SERVICE PARTS

POWER
FAULT
SA BUS

Heat 100

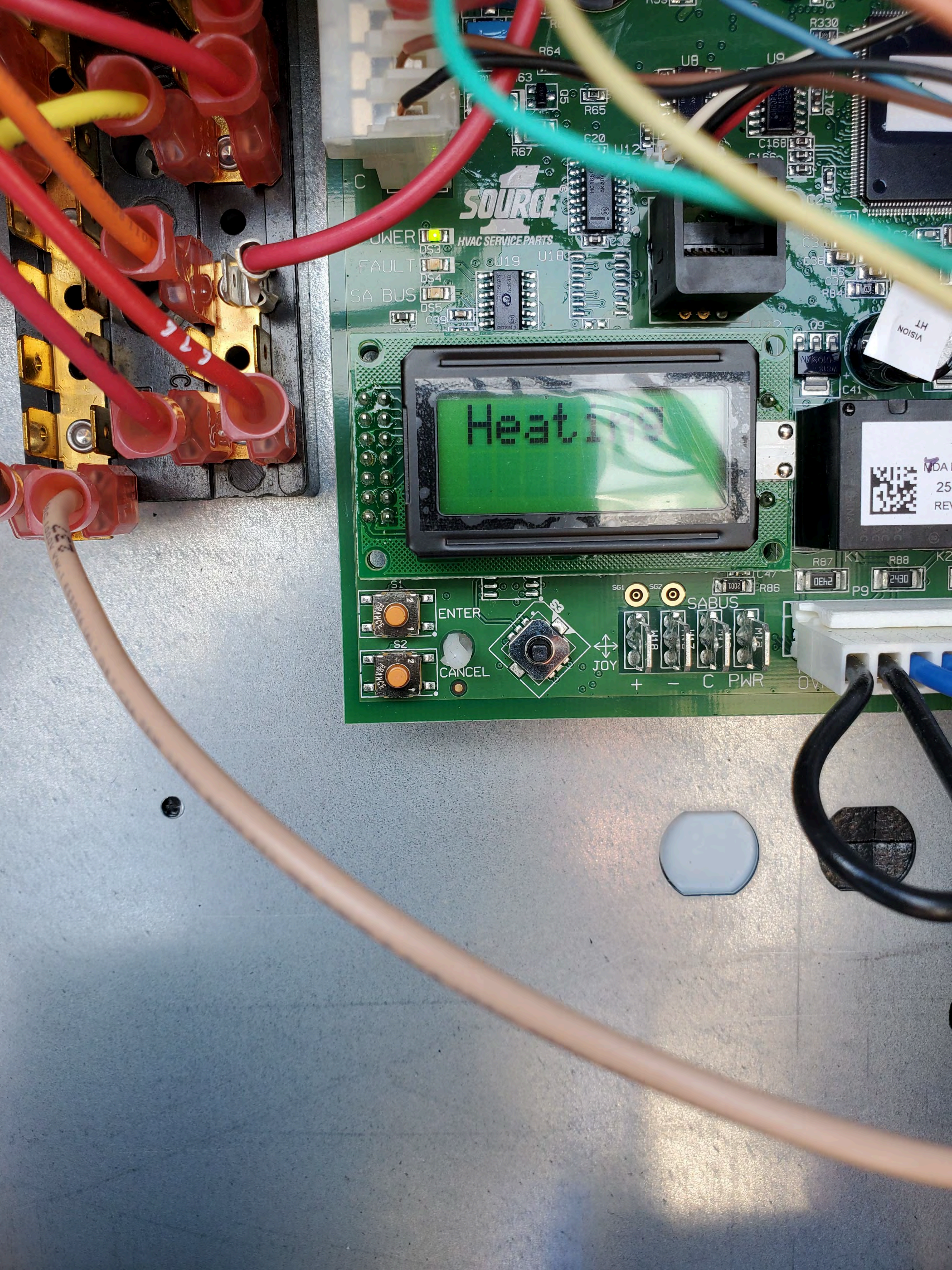
S1
S2
ENTER
CANCEL

JOY

SG1 SG2
SABUS
+ - C PWR

HT
NOISE

QR CODE
25
REV



SOURCE 1

POWER
FAULT
SA BUS

HVAC SERVICE PARTS

U19 U18

DS3 DS4 DS5

C39

C47

R87

R88

P9

K1

K2

R64

R65

R67

C20

C25

C36

C37

C39

C41

C47

R87

R88

P9

K1

K2

R64

R65

R67

C20

C25

C36

C37

C39

C41

C47

R87

R88

P9

K1

K2

R64

R65

R67

C20

C25

C36

C37

C39

C41

C47

R87

R88

P9

K1

K2

Johnson
Controls



Johnson
Controls

