

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: VA099 Date of Visit: 7/20/21

Contractor Personnel on Site:

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

Service Call Number

CSS# 30834 WO# 14366

Description of Repairs

Connected to SC. Run override report and alarm report. Released manual overrides on several vav boxes and Releaser
overrides on temp setpoints on vav boxes. Released manual overrides on chiller. Connected to chiller and
Found circuit 2 tripped on high suction temp. Tested temp reading with temp prob. Chiller sensor reading high. Needs re
Checked AHU 1 and found tripped on high static. Reset switch and checked pressure with meter vs SC reading same. Recomend replaci

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brandon Shafer Date: 7/21/21

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: _____

Air Sensing Switch, Manual Reset Type, 0.06 to 0.6 Differential (In. WC), SPST

Item # **40PN37**

Mfr. Model # **141-0575**

UNSPSC # **39121506**

Catalog Page # **3046**

Country of Origin USA. Country of Origin is subject to change.



Tap image to zoom.