

**CERTIFICATION OF WORK  
SERVICE CALL**

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

FACID/Building: NY127 BLDG1 Date of Visit: 6/9/21

Contractor Personnel on Site:

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

**Service Call Number**

CSS# 31039 WO# 13353

**Description of Repairs**

I found the building to be hot and extremely humid I found the AC Chiller not running ,I reset the AC chiller and the BAS control panel and the system and the chiller fired back up and began to run properly . I went through all the controls and adjusted all the temperatures and made sure the heating make up and the cooling chiller we're working properly I double checked all temperatures and units and made sure they were functioning properly

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Patrick Brown Date: 6/9/21

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: LARS LUFFMAN Date: 6/9/21

Signed: 

E-Mail: \_\_\_\_\_

