

**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: _____

