

## **CERTIFICATION OF WORK SERVICE CALL**

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

FACID/Building: NY127 Date of Visit: 8/16/23

#### Contractor Personnel on Site:

1. Postler and Jaekle      4. \_\_\_\_\_  
2. \_\_\_\_\_      5. \_\_\_\_\_  
3. \_\_\_\_\_      6. \_\_\_\_\_

## Service Call Number

94370 23755  
CSS# \_\_\_\_\_ WO# \_\_\_\_\_

## Description of Repairs

We washed the chiller condenser coils. We found the system return fan belt extremely loose and the motor sheave has to be replaced so we weren't pulling enough return air from the building. We adjusted the sheave and improved the return air to the air handler

## **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Karlee Demain Date: 8/16/23

Signed: Karlee Demain

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:  
[lars.luffman.civ@army.mil](mailto:lars.luffman.civ@army.mil)