CERTIFICATION OF WORK

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

FACID/Building: VA049

Date of Visit: 12/13/18

Contractor Personnel on Site:

1. Jeremy Gray MOORE'S
2. Troy Craig

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO#

Service Calls – Service Call Number and Description

1. CSS# 16792 emergency call - No heat in building - reset electrical on hot water pump, checked controls, found 1 boiler recirculating pump is going bad and needs repair/replacement
2. CSS#
3. CSS#

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Troy Craig Date: 12/13/18

Signed:

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Lange, Christopher Date: 12-15-18

Signed:

E-Mail:

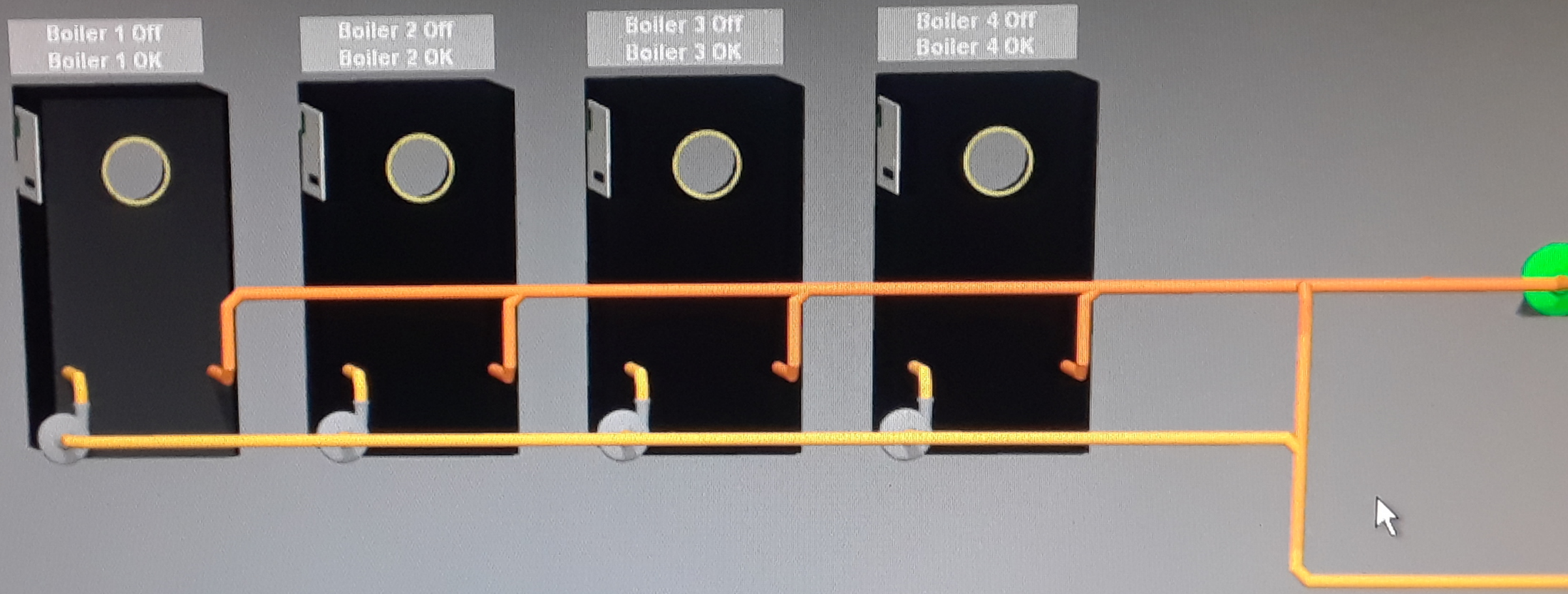
Device 154 (Hot Water System)

BACtalk Edit View Tools Help

Previous | Points

OSA Temp 42.0 OA °F

Wednesday, 12/12/2018 11:33:04AM



System Control

HW System:	Enabled
OA Temp	42.0
OA Temp System Lockout	60.0
AHU-1 Need's HW	
AHU-2 Need's HW	
# Occ Fan Coils req HW	0
# Occ Fan Coils to Start	1

HW Supply Temperature

			OAT		Supply T
Manual SP	75				
Use Reset SetPoint					
OA Temp	42.0	L	35	>>>	180
Current Setpoint	75.0	H	68	>>>	100