

CERTIFICATION OF WORK

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

FACID/Building: 1/A50 Date of Visit: 11-8-18
Contractor Personnel on Site:

1. Sean Watson 2. _____

Work Performed

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

1. WO# 06026 6026

Service Calls – Service Call Number and Description

1. CSS# 15788
2. CSS# Replace Contactor on Chiller
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Sean Watson Date: 11-8-18

Signed: Sean Watson

To be signed by Facility Manager:

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

Print Name/Rank: Branda Dobney Date: 8 Nov 18

Signed: Branda Dobney

E-Mail: _____

04CJ318
N CHINA
C3916 H

61446

CAUS

61446 Coil: 110-120VAC 50Hz
110-120VAC 60Hz

Torque for
Screws 25 Lb-in
Lugs 40 Lb-in
Herm.refrig.comp.

Above 240V,
Break All Lines
Cu 75°C wire

VAC	FLA	LRA	RES	1Ph	3Ph
240	40	240	50	5Hp	10Hp
480	40	200	50	--	15Hp
600	40	160	50	--	20Hp

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ATTACH
GROUND