

**CERTIFICATION OF WORK
SERVICE CALL**

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

FACID/Building: DE 007 Date of Visit: 5/12/2022

Contractor Personnel on Site:

1. <u>B. Davis</u>	4. _____
2. _____	5. _____
3. _____	6. _____

Service Call Number

CSS# _____ WO# 17228

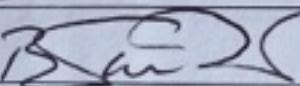
Description of Repairs

Chiller switch over manual test

CERTIFICATION OF WORK

To be signed by the Contractor:

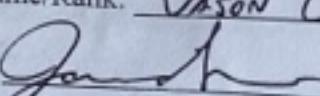
Print Name: Brian Davis Date: 5/12/2022

Signed: 

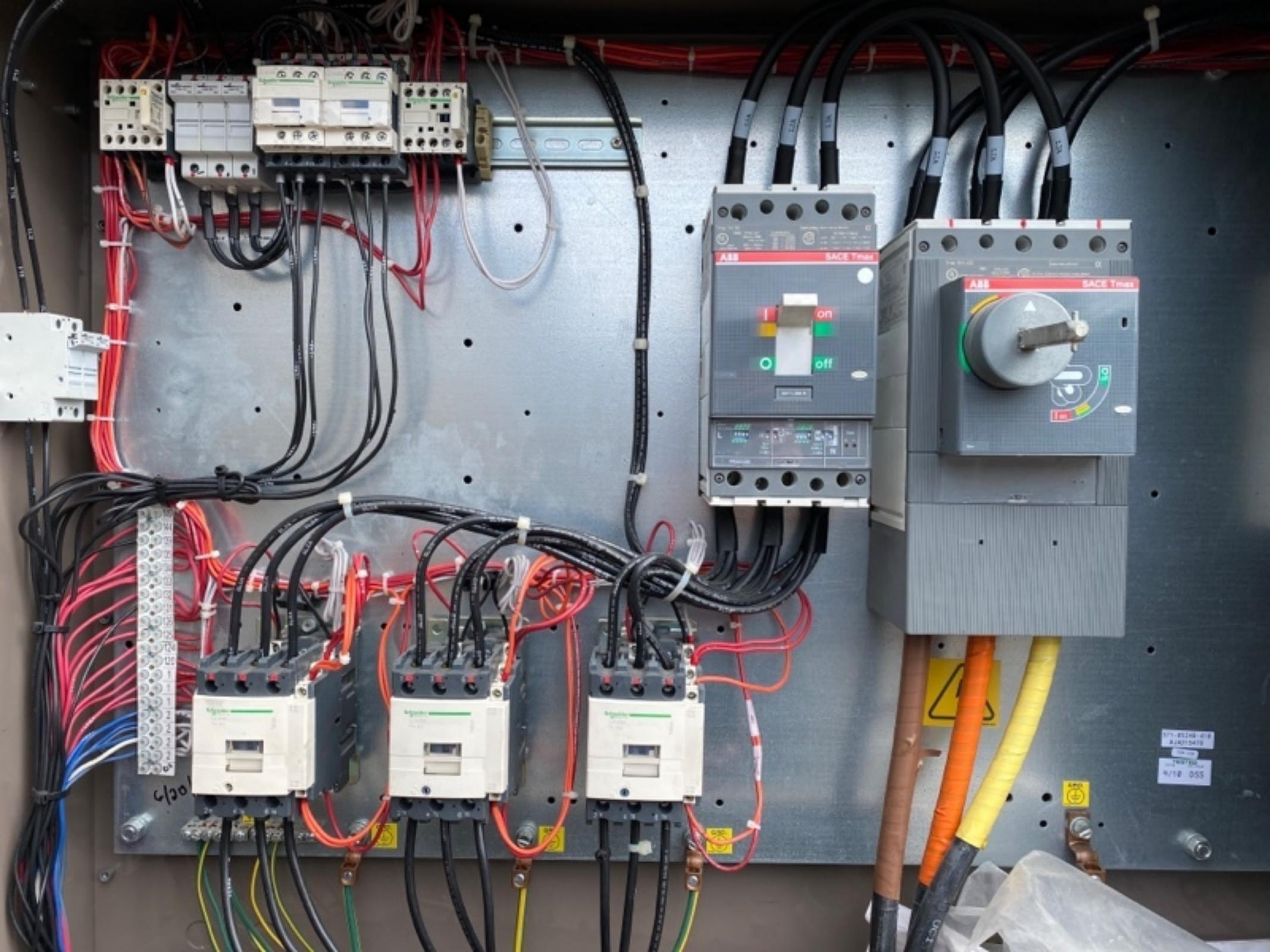
To be signed by Facility Manager:

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: ASON GAWN AFOS Date: 5/12/22

Signed: 

E-Mail: _____







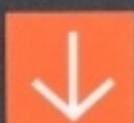
STATUS

LCHLT = 46.6 °F
RCHLT = 52.3 °F

rint

TA

Entry



ENTER
/ADV

ON

Setpoints



SETPOINTS



SCHEDULE/
ADVANCE DAY



PROGRAM

OFF

Unit

OPTIONS

CLOCK





STATUS

AMBIENT AIR TEMP
= 68.9 °F

/Print

DATA

IT

ORY

Entry



ENTER
/ADV

ON

Setpoints

SETPOINTS

SCHEDULE/
ADVANCE DAY

PROGRAM

OFF

Unit

OPTIONS

CLOCK

