

**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

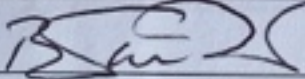
Chiller switch over manual test

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

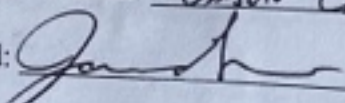
Print Name: BRIAN DAVIS Date: 5/12/2022

Signed: 

To be signed by Facility Manager:

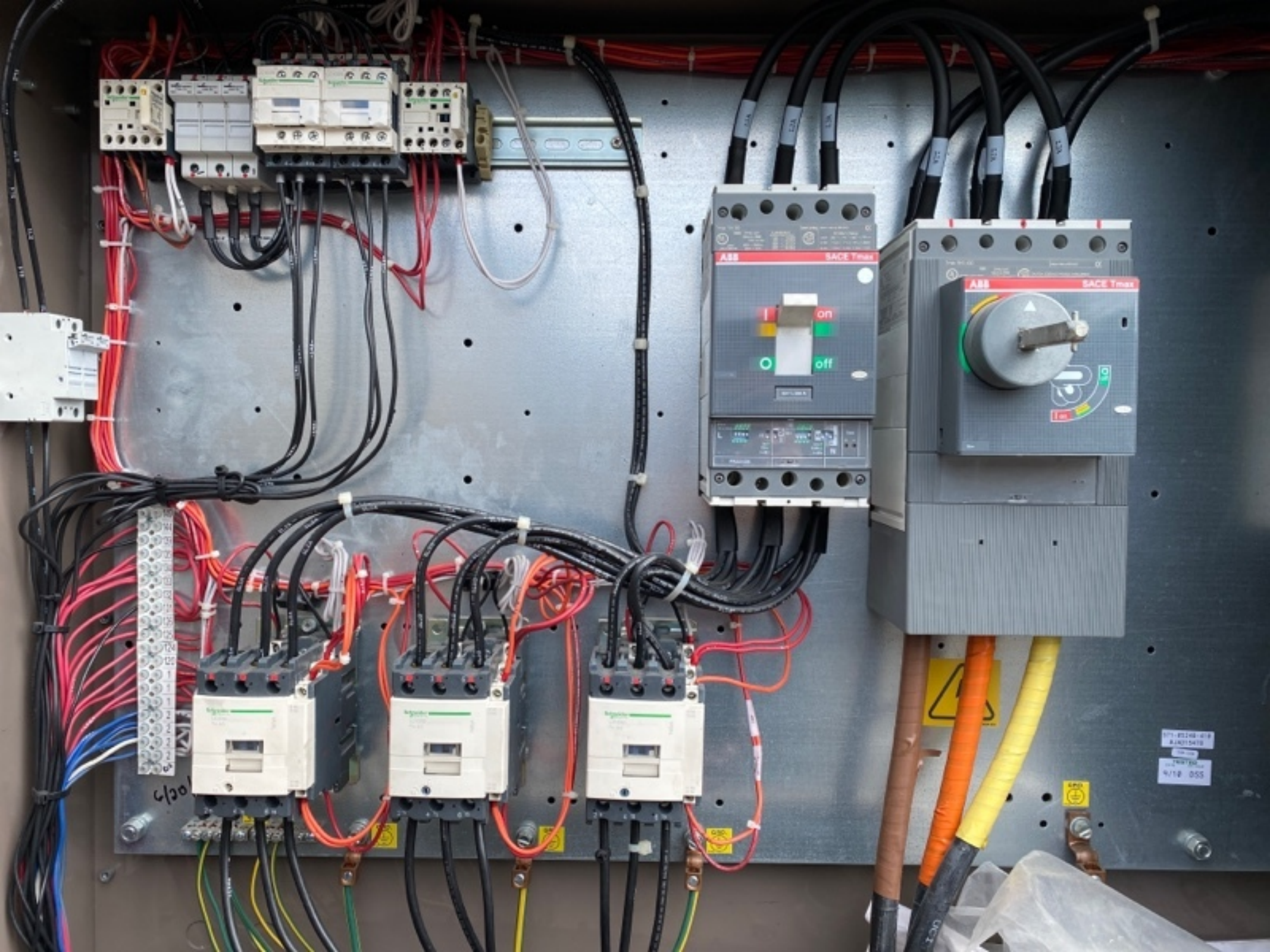
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: VASON GAIN AFOS Date: 5/12/22

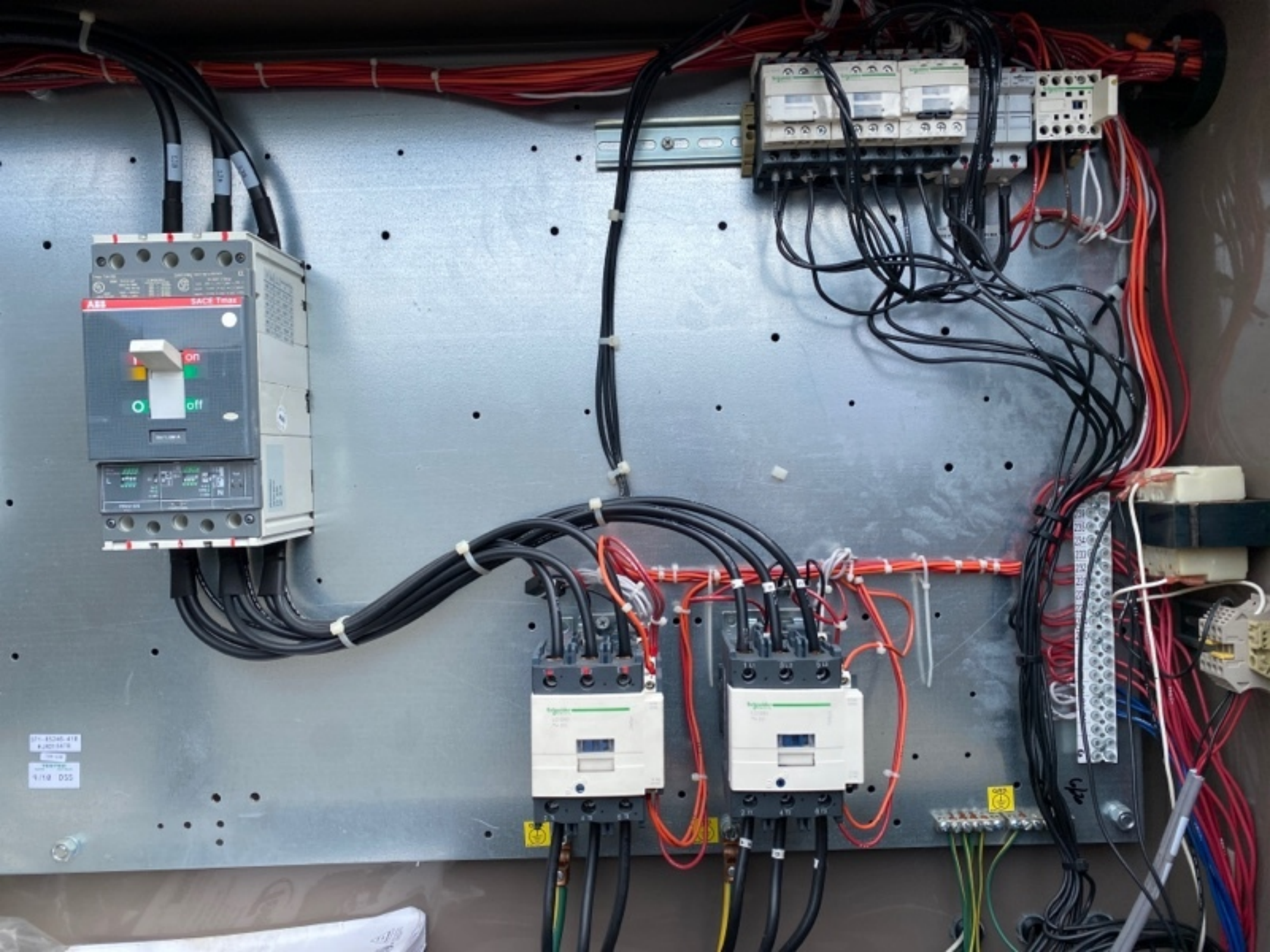
Signed: 

E-Mail: \_\_\_\_\_









271-15240-418  
#J007-1470  
10/10  
9/10 055





 **YORK®**

STATUS

LCHLT = 46.6 °F  
RCHLT = 52.3 °F

rint

*Entry*

*Setpoints*

*Unit*

TA



SETPOINTS

OPTIONS



SCHEDULE/  
ADVANCE DAY

CLOCK

ENTER  
/ADV

PROGRAM

ON

OFF





 **YORK®**

STATUS

AMBIENT AIR TEMP  
= 68.9 °F

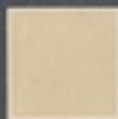
/Print

Entry

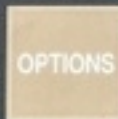
Setpoints

Unit

R DATA

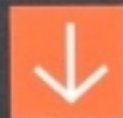


SETPOINTS



OPTIONS

IT



SCHEDULE/  
ADVANCE DAY



CLOCK

TORY



PROGRAM

ON

OFF

