



SCARAN

(718) 984-0805

www.scaran.com

U S ARMY RESERVES

VINCENT GIORDANO
BUILDING 208
FORT WADSWORTH
STATEN ISLAND, NY 10305

INVOICE

Customer #:	10009432
Payment Terms:	Net 30
Invoice #:	531934
Invoice Date	2019-11-05
Total Due	\$352.85

Make Check Payable to: Scaran

Amount Enclosed: \$ _____

Remit To:

Scaran
6767 Amboy Road
Staten Island, NY 10309

Customer Name	Delivery/Service Address	Cust #	Invoice #	Inv Date
U S ARMY RESERVES	BUILDING 208 - FORT WADSWORTH - STATEN ISLAND, NY 10305	10009432	531934	2019-11-05
Work Performed				
11/05/2019 - Technician: DAVE COLLINS - Work Performed: -				
CSS 21741, WO5733				
REPLACED PRESSURE RELIEF VALVE FOR BOILER				
Quantity	Item Number	Description	Unit Price	TOTAL
1.00	BLRS040	Replace Safety Relief Valve and Check Operation	\$352.8500	\$352.85

Tank/Equipment: Hot Water Boiler-Gas - BUILDING 208 BOILER - #1

For Fuel or Service At:

BUILDING 208 - FORT WADSWORTH - STATEN ISLAND, NY 10305

Sub Total	\$352.85
Charges	\$0.00
Tax Total	\$0.00

ACCOUNT BALANCE	\$1,123.25	TOTAL DUE	\$352.85
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Scaran
6767 Amboy Road
Staten Island, NY 10309

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CSS-21741

CERTIFICATION OF WORK

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

FACID/Building: 208 Date of Visit: 11/5/19

Contractor Personnel on Site:

1. David Collins
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. _____
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. CSS- 21741 - Replaced Boiler Relief Valve
2. _____
3. _____

ATTACHMENT J-0200000-05
FORMS

Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Kevin J Lemming Date: 11/26/19
Signed: Kevin J Lemming

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: _____ Date: _____

Signed:

E-Mail:



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VINCENT GIORDANO
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STATEN ISLAND, NY 10305

INVOICE

Customer #:	10009432
Payment Terms:	Net 30
Invoice #:	533232
Invoice Date	2019-10-18
Total Due	\$298.07

Make Check Payable to: Scaran

Amount Enclosed: \$ _____

Remit To:

Scaran
6767 Amboy Road
Staten Island, NY 10309

Customer Name	Delivery/Service Address	Cust #	Invoice #	Inv Date
U S ARMY RESERVES	BUILDING 208 - FORT WADSWORTH - STATEN ISLAND, NY 10305	10009432	533232	2019-10-18

Work Performed

10/18/2019 - Technician: MATTY CORSON - Work Performed: - CSS 21699, WO 6006

SECURED VALVE CAPS ON HEATING LINES IN CEILING. INSTRUCTED VINNY ON WHAT THEY ARE.

Quantity	Item Number	Description	Unit Price	TOTAL
1.00	Diagnostic Fee	Diagnostic Fee	\$183.6500	\$183.65
1.00	PLUX001	OFFICE PLUMBING QUOTE #0015X0000	\$114.4225	\$114.42

Tank/Equipment: Hot Water Boiler-Gas - BUILDING 208 BOILER - #1

For Fuel or Service At:

BUILDING 208 - FORT WADSWORTH - STATEN ISLAND, NY 10305

Sub Total	\$298.07
Charges	\$0.00
Tax Total	\$0.00

ACCOUNT BALANCE	\$1,123.25	TOTAL DUE	\$298.07
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Staten Island, NY 10309

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CERTIFICATION OF WORK

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

FACID/Building: 208 Date of Visit: 10/18/19

Contractor Personnel on Site:

1. Matthew Corson
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. _____
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. CSS- 21699 - Repair of water leaking onto Ceiling
2. _____
3. _____

Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Kevin J. Lenning Date: 11/26/19
Signed: Kevin J. Lenning

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: _____ Date: _____

Signed: _____

E-Mail:



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STATEN ISLAND, NY 10305

INVOICE

Customer #:	10009432
Payment Terms:	Net 30
Invoice #:	531629
Invoice Date	2019-10-10
Total Due	\$288.65

Make Check Payable to: Scaran

Amount Enclosed: \$ _____

Remit To:

Scaran
6767 Amboy Road
Staten Island, NY 10309

Customer Name	Delivery/Service Address	Cust #	Invoice #	Inv Date
U S ARMY RESERVES	BUILDING 208 - FORT WADSWORTH - STATEN ISLAND, NY 10305	10009432	531629	2019-10-10
Work Performed				
10/10/2019 - Technician: GARY SHKILNYI - Work Performed: - CSS 21742, WO5735				
RESET HI LIMIT ON BOILER. (INSPECTOR CHECKED HI LIMIT AND DID NOT RESET) CHECKED BOILER OPERATION.				
ALSO NOTICED NEED PRESSURE RELIEF VALVE FOR ONE BOILER.				
Quantity	Item Number	Description	Unit Price	TOTAL
1.00	Diagnostic Fee	Diagnostic Fee	\$183.6500	\$183.65
1.00	MISC-HEAT/ A/C -RE	Misc. Heating OR Air Conditioning Repair	\$105.0000	\$105.00

Tank/Equipment: Hot Water Boiler-Gas - BUILDING 208 BOILER - #1

For Fuel or Service At:

BUILDING 208 - FORT WADSWORTH - STATEN ISLAND, NY 10305

Sub Total	\$288.65
Charges	\$0.00
Tax Total	\$0.00
ACCOUNT BALANCE	\$1,123.25
TOTAL DUE	\$288.65

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CERTIFICATION OF WORK

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

FACID/Building: 208 Date of Visit: _____

Contractor Personnel on Site:

1. Gary Shkilnyi
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. _____
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. CSS-21742 - Boiler will not start
2. _____
3. _____

Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Kevin S. Lenning Date: 11/26/19
Signed: Kevin S. Lenning

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: _____ Date: _____

Signed: _____

E-Mail: