



HVAC

Mechanical HVAC Service Contractors

Phone: (518) 326-8450 • Fax: (518) 326-8435
P.O. Box 311, 95 Hudson River Road
Waterford, New York 12188

Job # 18616

cm management

UNIT	MAKE	MODEL	SERIAL #	VOLTS	ENVIRONMENTAL CHECK LIST		
NAME	Rotterdam Army Reserve				CONDENSING UNIT	QTY.	TYPE/DISPOSITION
STREET					<input type="checkbox"/> RECOVERED		
CITY					<input type="checkbox"/> RECYCLED		
TECHNICIAN	CSS#855 Wot# 17652				<input type="checkbox"/> RECLAIMED		
DESCRIPTION OF WORK PERFORMED					<input type="checkbox"/> RETURNED		
					<input type="checkbox"/> DISPOSAL		

☐ COOLING OUT ☐ HEATING OUT ☐ LEAK ☐ WARRANTY ☐ INSTALLATION

NOT ABLE TO MAKE "HOTWATER ISSUE INTOILETS ACCURE AGAIN," The fix will be TO PUT A CHECK VALVE AT EACH SUPPLY LINE TO TOILETS & SINKS & URINALS will quote fix

RECOMMENDATIONS

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT	HRS	DATE	NAME	RATE	AMOUNT
	REFRIGERANT R- LBS.			3	7-7-22	Mico	111	
	FILTERS X X							
1	Trip charge	50	-					
TOTAL MATERIALS				TOTAL LABOR				

CUSTOMER SIGNATURE

DATE

7-7-22

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: U4059

Date of Visit: 7-7-22

Contractor Personnel on Site:

1. Mike D 4. _____
2. _____ 5. _____
3. _____ 6. _____

Work Performed:

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

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

Inspection, Testing, and Certification

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

Other Recurring Services

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

Service Calls – Service Call Number and Description

1. CSS# 855 WO# 17652 NOT ABLE TO RECKATE
2. HOT WATER IN TOILET ISSUE, PROPOSED FIX IS TO INSTALL A
3. CHECK VALVE IN EA COLD WATER SUPPLY LINE,

ATTACHMENT J-0200000-05
FORMS

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

CSS# 855 WO# 17652 NOT ABLE TO ~~REPAIR~~ ^{RECREATE}
HOTWATER IN TOILET ISSUE, PROPOSED FIX IS TO INSTALL A
CHECK VALVE IN EACH COLD WATER SUPPLY LINE.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 7-7-22
Signed: [Signature]

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: Mike Moseman Date: 7/7/2022
Signed: [Signature]
E-Mail: Michael.Moseman.civ@camp.mil