



HVAC

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

Mechanical HVAC Service Contractors

Job # 18799

CMI Management

UNIT	MAKE	MODEL	SERIAL #	VOLTS	ENVIRONMENTAL CHECK LIST		
NAME <u>Scholes Army</u>					CONDENSING UNIT	QTY.	TYPE/DISPOSITION
STREET					<input type="checkbox"/> RECOVERED		
CITY					<input type="checkbox"/> RECYCLED		
TECHNICIAN <u>CSS# 8941</u>					<input type="checkbox"/> RECLAIMED		
DESCRIPTION OF WORK PERFORMED					<input type="checkbox"/> RETURNED		
					<input type="checkbox"/> DISPOSAL		

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

Found several leaks in the kitchen, will quote a fix.

RECOMMENDATIONS

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT	HRS	DATE	NAME	RATE	AMOUNT
	REFRIGERANT R- LBS.			3	8-8-22	Mico	111	
	FILTERS X X							
1	Trip Charge	50						
TOTAL MATERIALS				TOTAL LABOR				

Clin Potter

8-8-22

CUSTOMER SIGNATURE

DATE

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: WY060 Schaubert AD Date of Visit: 8.8.22

Contractor Personnel on Site:

- | | |
|---------------|----------|
| 1. <u>MKE</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | | |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Inspection, Testing, and Certification

- | | |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Other Recurring Services

- | | |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Service Calls – Service Call Number and Description

- | | |
|---------------------|-----------------------------------|
| 1. <u>CSS# 8941</u> | <u>FOUND SEVERAL LEAKS IN THE</u> |
| 2. <u>KITCHEN</u> | _____ |
| 3. _____ | _____ |

ATTACHMENT J-0200000-05
FORMS

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

055# ~~18777~~ found SEVERAL LEAKS IN
8941 T26 KITCHEN.
will quote fix.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dault Date: 8-8-22
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: Chris Pothier Date: 8-8-22
Signed: [Signature]
E-Mail: _____