



Service Items

Name	Description	Tier 1 Price	Unit Type	QTY	Taxable
Labor	See attached pages for details of work performed.	\$0.00	Hour	1	N

TOTAL*: \$0.00

* Not including taxes



Service Forms

Daily Form

Fill out every day. even on PMs, and projects

TECH NAME Caleb Kopp

DATE 7/23/25

POINT OF CONTACT:

DESCRIPTION OF WORK PERFORMED Completed Insulation Installation

TOOLS USED Lift

MATERIALS USED OR Insulation

PICTURE OF TAG*

HOURS REGULAR:

OVERTIME:





Attachments

Title

IMG_1245

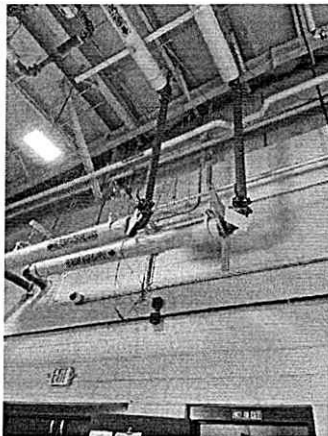
File Name

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CERTIFICATION OF WORK

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

FACID/Building: PA118 Date of Visit: 7/23/25

Contractor Personnel on Site:

1. Caleb Kopp 2.

Work Performed:

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

1. Insulation Installation

Service Calls – Service Call Number and Description

1. CSS# FEMS3189887 WO 19153 PO#0001906
2. CSS#
3. CSS#

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Caleb Kopp Date: 7/23/25


Signed: Caleb Kopp

To be signed by Facility Manager:

By signing the Certification of Work, 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.

This is **NOT** a Certification that the Work was performed correctly – The COW simply verifies that that someone representing the Contractor was onsite and accomplished something

Print Name/Rank: Date:

Signed: 

E-Mail: scott.w.kowski.civ@army.mil