



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 Tom Timlin

DATE 1/30/26

POINT OF CONTACT: Reginald

DESCRIPTION OF Room 102

WORK PERFORMED

Found the radiant heater actuator not operating. Checked for power to the actuator and there was no 24v on any of the terminals. Spoke to Scott and he said there are no building controls to any of the radiators any more. We went around the first and second floor checking for radiators that worked. We found about half of them not heating. We manually opened the actuators to get the radiators working for now.

TOOLS USED none

MATERIALS USED OR PICTURE OF TAG* none

HOURS REGULAR: 3

OVERTIME:

Customer Signature

Customer Signature



Attachments

CERTIFICATION OF WORK

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

FACID/Building: PA027 Date of Visit: 1/30/26

Contractor Personnel on Site:

- 1. Tom Timlin
- 2. Chris Cokain

Work Performed:

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

- 1. Heatin Units down service call

Service Calls – Service Call Number and Description

- 1. CSS# WO212201 FEMS3496968
- 2. CSS# _____
- 3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tom Timlin Date: 1/30/26

Signed: Tom Timlin

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.kawski.civ@army.mil