



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 Jacob Powell

DATE 04-01-2026

POINT OF CONTACT: Cindy and Scott

DESCRIPTION OF WORK PERFORMED found a leak on the domestic water 2" line in the ceiling. we replaced the section of 2" copper that had the leak and used 2- 2" propress couplings to get the water back together. turned water back on to the building and got all air out of the lines and made sure that there was no leaks coming from our repairs. while we were there Cindy had us gather information for a 2-1/2" gate valve that was leaking in the boiler room for the water main shutoff. sent information into the office to be quoted out to CMI Management.

TOOLS USED handtools, Sawzall, portaband, propress gun

MATERIALS USED OR PICTURE OF TAG* 5'- 2" copper from shop
2- 2" propress couplings from shop

HOURS REGULAR:6

OVERTIME:

Customer Signature

Customer Signature Scott.png

Signature is acceptance of Service provided



04/01/2026 11:34 AM



Attachments

Title

File Name

Before

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TECH NAME Ethan Mcelroy

DATE 4-1-26

POINT OF CONTACT: Cindy

DESCRIPTION OF WORK PERFORMED arrived on site and was showed where the leak was happening. found a small blowout in the 2in domestic water line. cut line out and repaired with new pipe and 2 pro press couplings. we turned water back on and checked for leaks. no leaks were present. cleaned up our area and checked out with Cindy who was on site today.

TOOLS USED w jake powell

MATERIALS USED OR PICTURE OF TAG* w jake powell

HOURS REGULAR:6

OVERTIME:





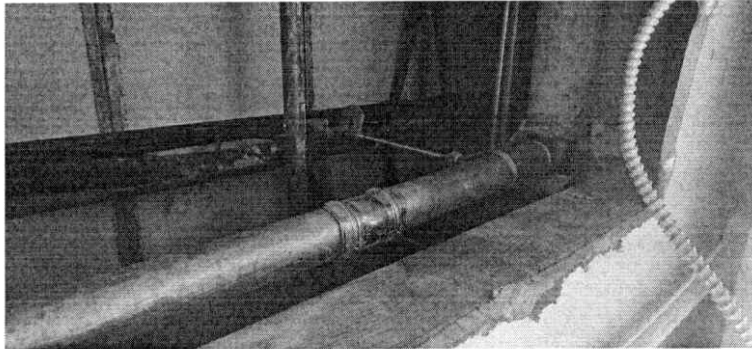
Attachments

Title

File Name

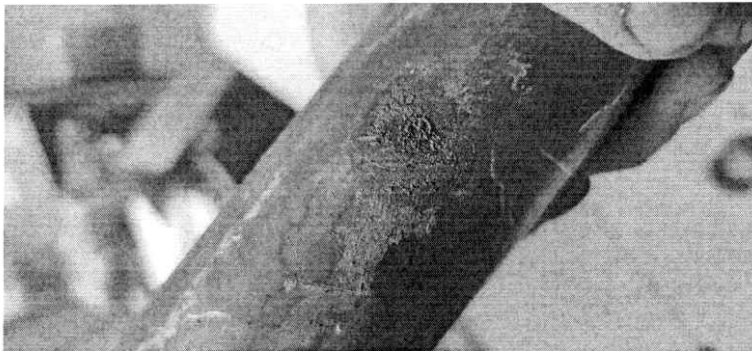
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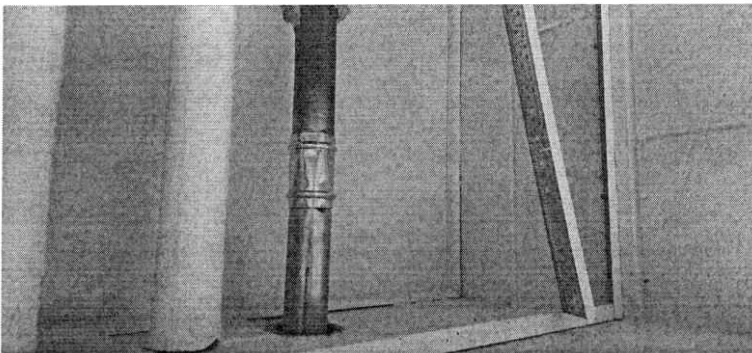
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CERTIFICATION OF WORK

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

FACID/Building: PA035 Date of Visit: 4/1/26

Contractor Personnel on Site:

- 1. Jacob Powell 2. Ethan McElroy

Work Performed:

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

- 1. Repair Broken Water Line

Service Calls – Service Call Number and Description

- 1. CSS# WO 21653 FEMS 3576890
2. CSS#
3. CSS#

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jacob Powell Date: 4/1/26

Signed: Jacob Powell

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: [Signature]

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