



## 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 11/28/23

POINT OF CONTACT: Reginald

DESCRIPTION OF WORK PERFORMED Found the DHW heater in the OMS building shut off. It was tripping out on no flame on start-up like it has in the past. Explained the history on this Heater to Reginald and how we have rebuilt it multiple times with it still doing the same issue the following year. I recommended we replace it with an on demand water heater since they don't use that much hot water out there since there is only 2 bathrooms and maybe 2 people working out there on different days of the week. It would also save then on gas. He asked for us to send a quote over to see if we can get it approved. The heater was running when I left.

TOOLS USED none

MATERIALS USED OR none

PICTURE OF TAG\*

HOURS REGULAR: 1

OVERTIME:



## Attachments



CERTIFICATION OF WORK

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

FACID/Building: PA209 Date of Visit: 11/28/23

Contractor Personnel on Site:

1. Tom Timlin 2. \_\_\_\_\_

**Work Performed:**

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

1. \_\_\_\_\_

**Service Calls – Service Call Number and Description**

1. CSS# 95792. Fixed OMS Boiler and replaced boiler pump  
2. CSS# 95189. OMS DHW heater down.  
3. CSS# \_\_\_\_\_

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Thomas Timlin Date: 11/28/23


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: scott kowski Date: 11/28/23

Signed: 

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