

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 Mike opatt
DATE 2/20/25
POINT OF CONTACT: scott
DESCRIPTION OF WORK PERFORMED arrived onsite to replace 3 way valve and vic fittings. closed off butterfly valves, would not close all the way. tried removing 1 vic fitting and still had bleeding through of valves not closed. they will need replaced in spring so that lines could be drained. discovered that water fill valve was closed turned on and backflow was leaking, scott would like that fixed as well. notified Scott of situation. sent info to office
TOOLS USED hand
MATERIALS USED OR PICTURE OF TAG* na
HOURS REGULAR:
OVERTIME:

Attachments

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	Ethan Mcelroy
DATE	2-20-25
POINT OF CONTACT:	Scott
DESCRIPTION OF WORK PERFORMED	assisted Mike with 3 way valve installation. will have to reschedule due to butterfly valves not holding and not wanting to shut off all heat to the building
TOOLS USED	w Mike
MATERIALS USED OR PICTURE OF TAG*	w Mike
HOURS	REGULAR:
	OVERTIME:

Attachments

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

FACID/Building: PA209 Date of Visit: 2/20/25

Contractor Personnel on Site:

1. Mike Opatt 2. Ethan McElroy

Work Performed:

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

1. Leaking actuator next to AS-1

Service Calls – Service Call Number and Description

1. CSS# WO 17085 FEMS2935159 PO-0001224
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Opatt Date: 2/20/25

Signed: Mike Opatt

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: R. Laski

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

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	Mike opalt
DATE	5/6/25
POINT OF CONTACT:	scott
DESCRIPTION OF WORK PERFORMED	boilers are still running, scott would like us to come back and fix when they are shut down. while I was there another valve was leaking. took pics and sent info to office
TOOLS USED	na
MATERIALS USED OR PICTURE OF TAG*	na
HOURS	REGULAR:
	OVERTIME:

Attachments

Title	File Name
PDF Invoice 52569	Invoice 52569.pdf

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

FACID/Building: PA209 Date of Visit: 5/6/25

Contractor Personnel on Site:

1. Mike Opatt 2. _____

Work Performed:

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

1. Leaking actuator next to AS-1

Service Calls – Service Call Number and Description

1. CSS# WO 17085 FEMS2935159 PO-0001224
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Opatt Date: 5/6/25

Signed: Mike Opatt

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: R. Opatt

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

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 Deep
DATE	5/22/25
POINT OF CONTACT:	Reginald and Scott
DESCRIPTION OF WORK PERFORMED	assisted Mike with 3 way valve change out and 3 butterfly valve change outs. we still have 300 gallons left of glycol. will need to return with a different pump to continue filling the system and to re insulate the valves.
TOOLS USED	handtools
MATERIALS USED OR PICTURE OF TAG*	see Mike's daily
HOURS	REGULAR:
	OVERTIME:

Attachments

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 Mike opatt
DATE 5/22/25
POINT OF CONTACT: scott
DESCRIPTION OF WORK PERFORMED drained glycol from system to replace 3 way valve and 3 butterfly valves was unable to put all of the glycol back into system will have to return
TOOLS USED hand transfer pump
MATERIALS USED OR na
PICTURE OF TAG*
HOURS REGULAR:
OVERTIME:

Attachments

CERTIFICATION OF WORK

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

FACID/Building: FA209 Date of Visit: 5-12-25

Contractor Personnel on Site:

1. Jake Deep 2. Mike O

Work Performed:

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

1. _____

Service Calls – Service Call Number and Description

1. CSS# W017085 Leaking valves
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jake Deep Date: 5-12-25

Signed: J. Deep

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: Robert

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



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 05-29-2025
POINT OF CONTACT: Scott
DESCRIPTION OF WORK PERFORMED pump all but 55gal of glycol back into the boiler system. the system is currently running at 38 psig on the supply of the pumps and we can add anymore into the system until air can work it's way out with the system running. told the customer to keep an eye on the system pressure and if it goes down then we can add more glycol in and avoid the reliefs of the boilers from popping. we also added the missing insulation back onto the valves that were replaced.
TOOLS USED hand tools, glycol transfer pump
MATERIALS USED OR PICTURE OF TAG* n/a
HOURS REGULAR:
OVERTIME:



Attachments



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	Mike opatt
DATE	5/29/25
POINT OF CONTACT:	scott
DESCRIPTION OF WORK PERFORMED	pumped all but 55 gallons of glycol back into system. system was left at 38 psi with pumps running and boilers on. installed insulation back on piping
TOOLS USED	hand transfer pump hose
MATERIALS USED OR PICTURE OF TAG*	na
HOURS	REGULAR: OVERTIME:



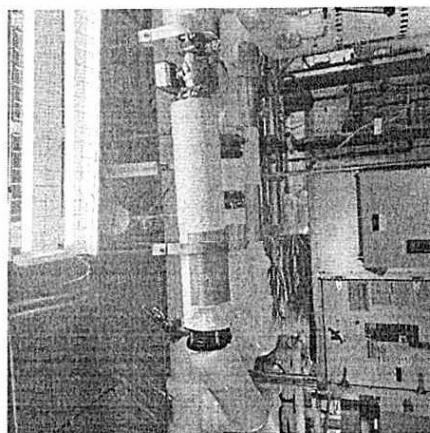
Attachments

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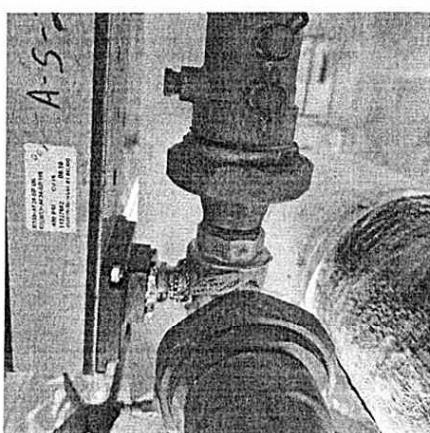
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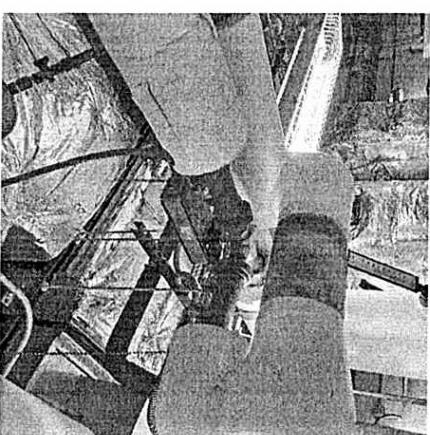
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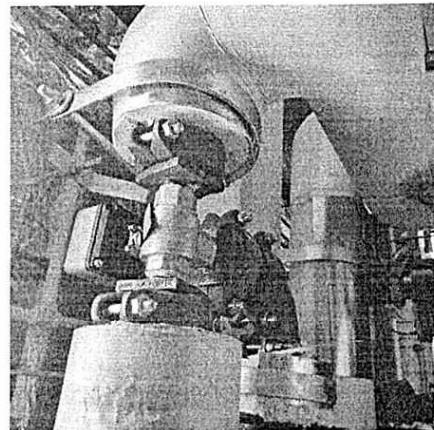


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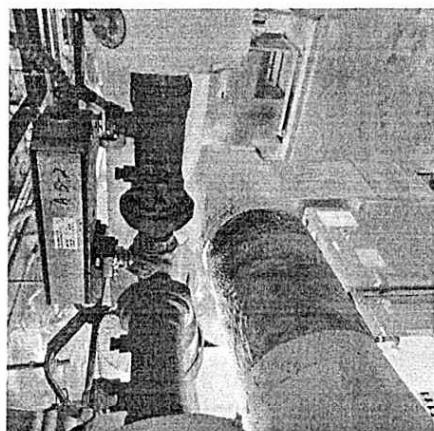
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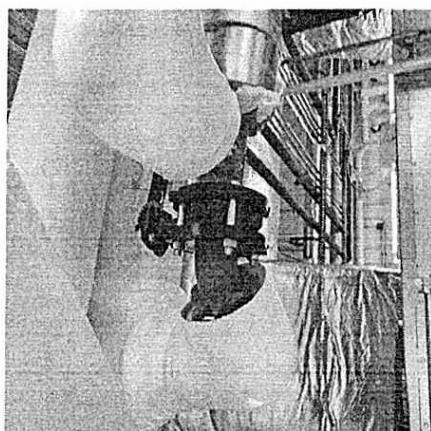
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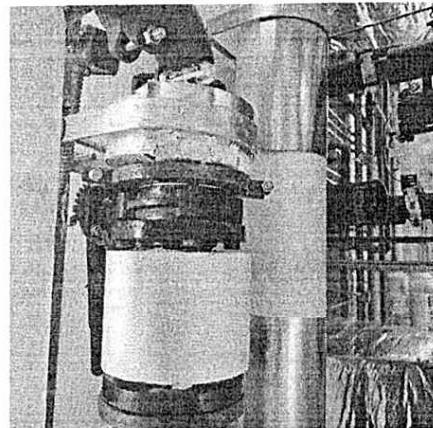
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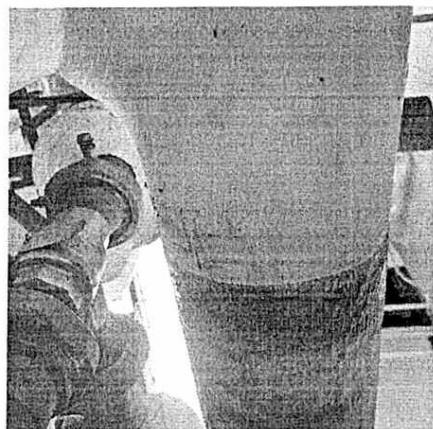
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CERTIFICATION OF WORK

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

FACID/Building: PA209 Date of Visit: 5/29/25

Contractor Personnel on Site:

1. Mike Opatt 2. Jacob Powell

Work Performed:

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

1. Leaking actuator next to AS-1

Service Calls – Service Call Number and Description

1. CSS# WO 17085 FEMS2935159 PO-0001224
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Opatt Date: 5/29/25

Signed: Mike Opatt

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: Robert

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



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				



Service Forms

Daily Form

Fill out every day, even on PMs, and projects

TECH NAME Caleb McNany

DATE 5/30/25

POINT OF CONTACT: Cindy

DESCRIPTION OF WORK PERFORMED
When I arrived on site I found the the reliefs had popped due to the system being over pressure and a lot of air still in the system. Both auto air vents had failed and were no longer bleeding air out of the system. I manually bled as much air out of the system as I could and added more glycol to the system that had been taken out for the previous repairs. I suggested that they leave the boiler off over the weekend and the pumps running to work the rest of the air out into the separator and have one of the guys come back Monday or Tuesday to bleed the rest of the air out and fire the boiler to make sure the relief valves don't pop again and they agreed. I recommend they replace both auto air vents and one of the pressure gauges is reading wrong. They would like a quote for all 3 items.

TOOLS USED hand tools

hoses

Milwaukee transfer pump

MATERIALS USED OR PICTURE OF TAG* n/a

HOURS

REGULAR:
OVERTIME:



Attachments

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

FACID/Building: PA209 Date of Visit: 5/30/25

Contractor Personnel on Site:

1. Caleb McNany 2. _____

Work Performed:

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

1. Leaking actuator next to AS-1

Service Calls – Service Call Number and Description

1. CSS# WO 17085 FEMS2935159 PO-0001224
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Caleb McNany Date: 5/30/25

Signed: Caleb McNany

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.
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Print Name/Rank: _____ Date: _____

Signed: 

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