



## 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** na

**PICTURE OF TAG\***

**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** w Mike

**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: 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#

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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: *Scott W. Kawski*

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 opatt

**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#

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CERTIFICATION OF WORK

To be signed by the Contractor:

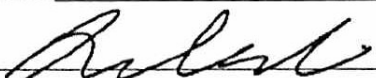
Print Name: Mike Opatt Date: 5/6/25

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: 

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 PICTURE OF TAG\*** na

**HOURS** REGULAR:

OVERTIME:



## Attachments



CERTIFICATION OF WORK

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

FACID/Building: AA209 Date of Visit: 5-22-25

Contractor Personnel on Site:

1. Take 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# \_\_\_\_\_

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Take Deep Date: 5-22-25

Signed: [Signature]

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





## 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 it if 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:



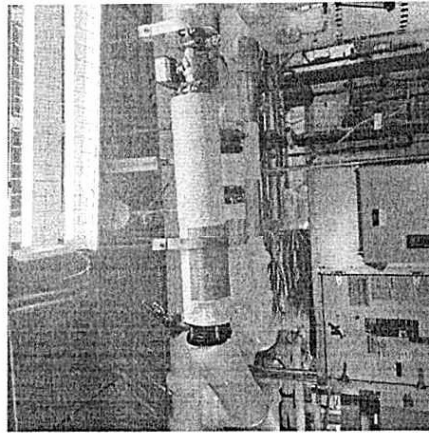
## Attachments

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File Name

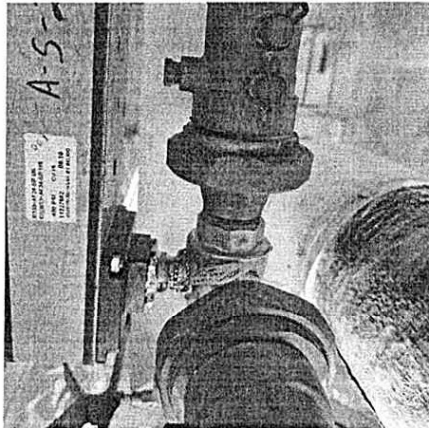
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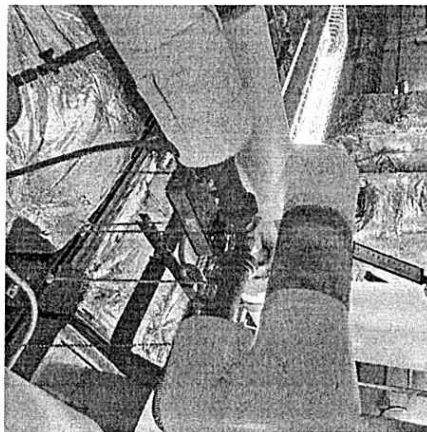
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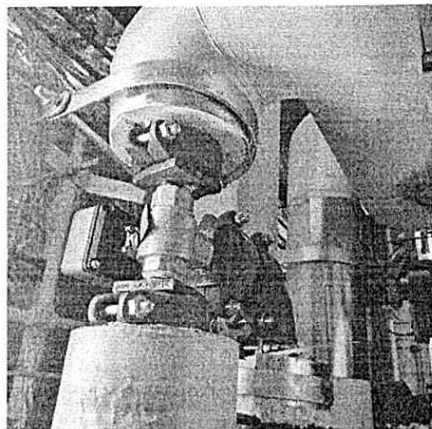
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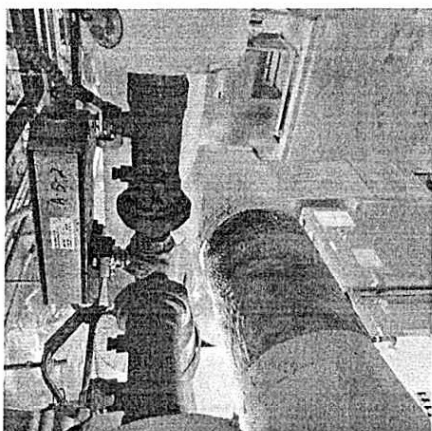
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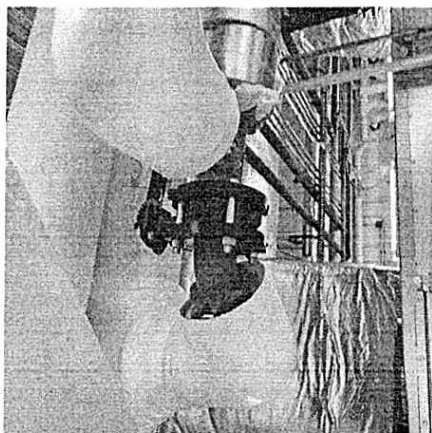
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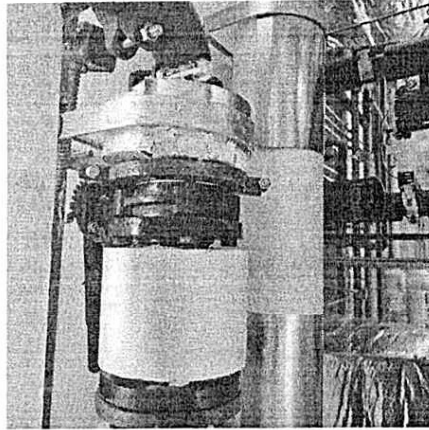
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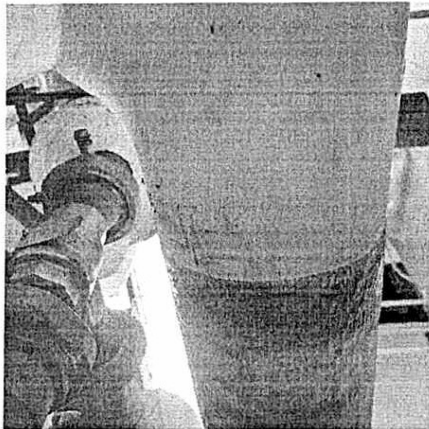
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CERTIFICATION OF WORK

(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.

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Print Name/Rank:  Date:

Signed: 

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

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**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. 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: *Scott W. Kowski*

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