

## 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
<b>TOTAL*:</b>	<b>\$0.00</b>				

\* Not including taxes

## Service Forms

**Daily Form** Fill out every day, even on PMs, and projects

**TECH NAME** Ethan Mcelroy  
**DATE** 9-17-24  
**POINT OF CONTACT:** Reginald  
**DESCRIPTION OF WORK PERFORMED** assisted Jessie with gate valve replacement in sewer lift station  
**TOOLS USED** hand tools  
**MATERIALS USED OR PICTURE OF TAG\*** 2 gate valves ordered for job  
**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
<b>TOTAL*:</b>	<b>\$0.00</b>				
* Not including taxes					

## Service Forms

**Daily Form** Fill out every day, even on PMs, and projects

TECH NAME Mark Collins  
DATE 9/17/24  
POINT OF CONTACT: NA  
DESCRIPTION OF Assisted Jesse Miller and Ethan with the replacement of two gate valves  
WORK PERFORMED  
TOOLS USED Hand Tools  
MATERIALS USED OR See Jesse's forms  
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
<b>TOTAL*:</b>	<b>\$0.00</b>				
* Not including taxes					

## Service Forms

**Daily Form** Fill out every day, even on PMs, and projects

**TECH NAME** Jesse Miller  
**DATE** 9/17/24  
**POINT OF CONTACT:** Reginald  
**DESCRIPTION OF WORK PERFORMED** Gate Valve Replacement in Sewer Lift Station  
**TOOLS USED** Hand Tools  
**MATERIALS USED OR PICTURE OF TAG\*** Gate Valves  
**HOURS** REGULAR:  
OVERTIME:

## Attachments

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

FACID/Building: PA 118 Date of Visit: 9-17-24

Contractor Personnel on Site:

1. Jesse Miller \_\_\_\_\_ 2. \_\_\_\_\_

Work Performed:

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

1. Gate valve replacement on Sanitary Line

Service Calls – Service Call Number and Description

1. CSS# 97126
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jesse Miller Date: 9-17-24

Signed: Jesse Miller

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 Kawski Date: 9/17/24

Signed: Scott Kawski

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







