



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 06-12-2025

POINT OF CONTACT: Cindy

DESCRIPTION OF WORK PERFORMED deep cleaned and tested operation of mini split indoor heads in rooms 119, 139, 140, 141, 147, 149, 4/80, and the motor pool building. all heads are operating properly at this time. checked out with the office before departure.

TOOLS USED hand tools, pump sprayer

MATERIALS USED OR PICTURE OF TAG* 1- gallon of evaporator no rinse coil cleaner from van stock

HOURS REGULAR:

OVERTIME:





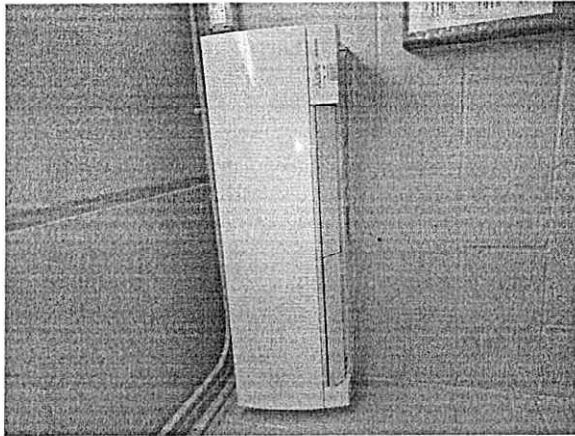
Attachments

Title

Motor poll after

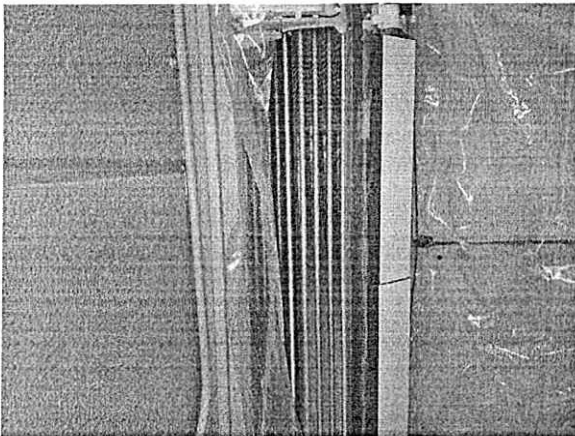
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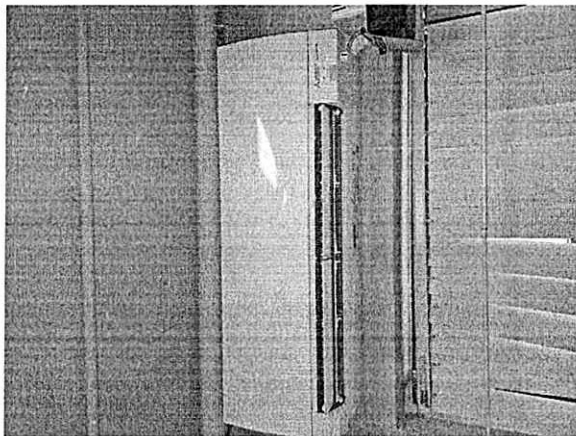
Motor poll before

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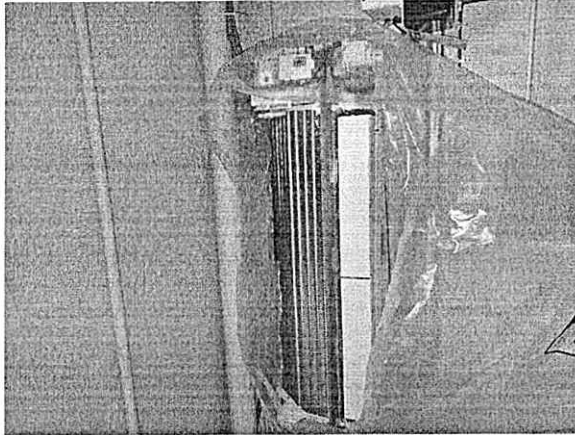
141 after

994b99ba-9f7d-428f-9075-413f7fea6760.jpg



141 before

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140 after

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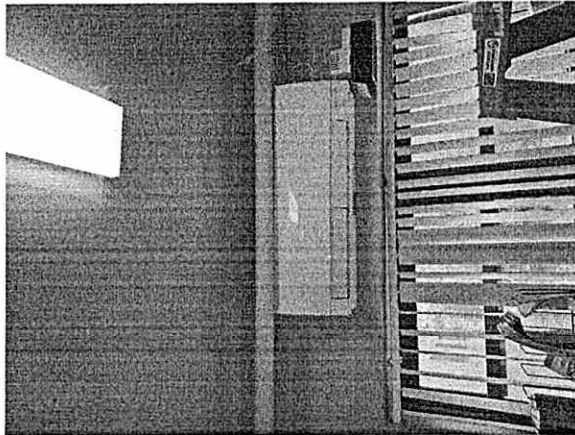
140 before

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139 after

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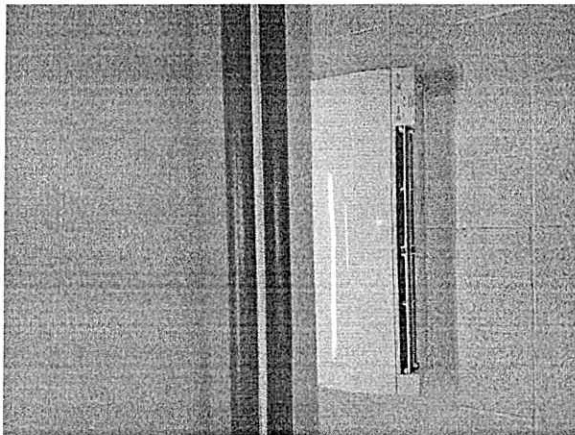
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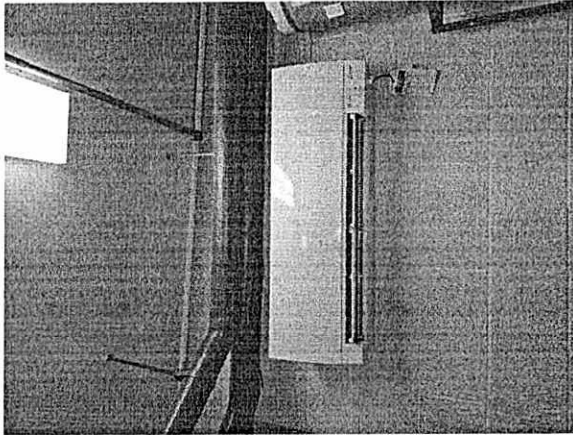
4/80 a after

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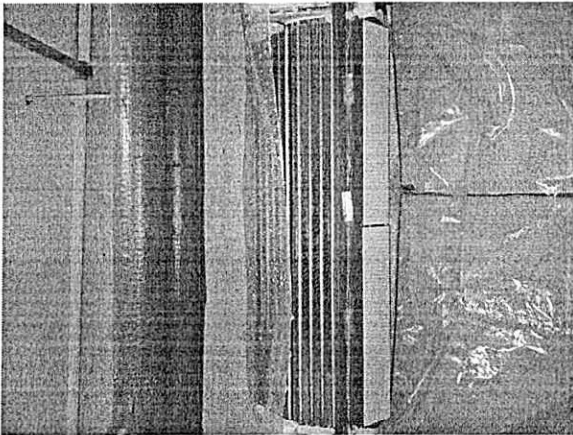
4/80 b after

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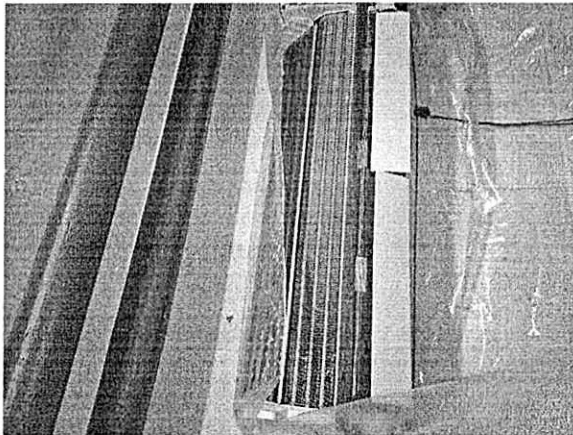
4/80 b before

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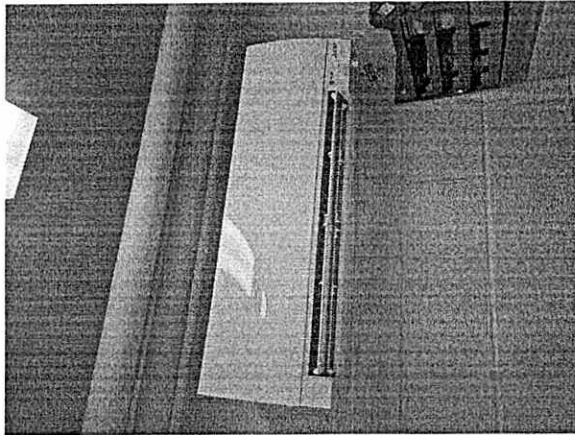
4/80 a before

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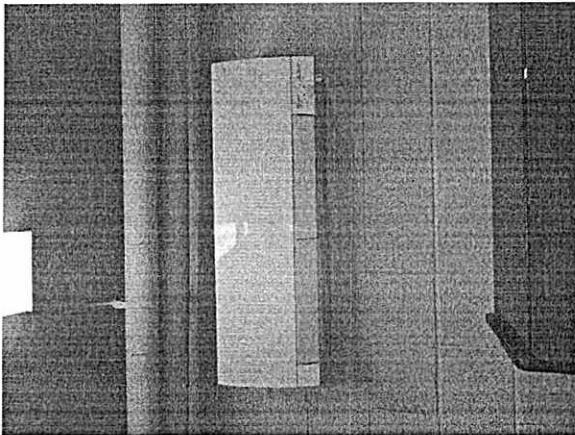
147 b after

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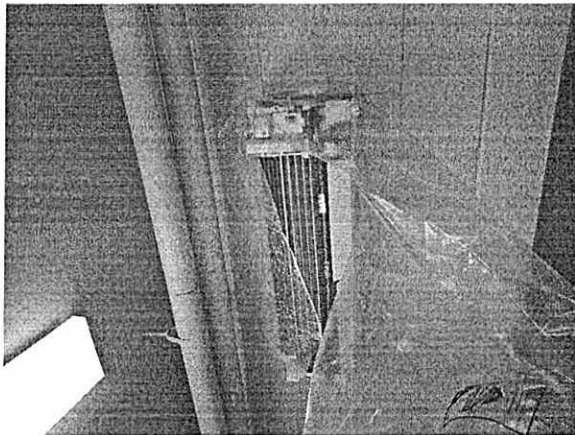
147a after

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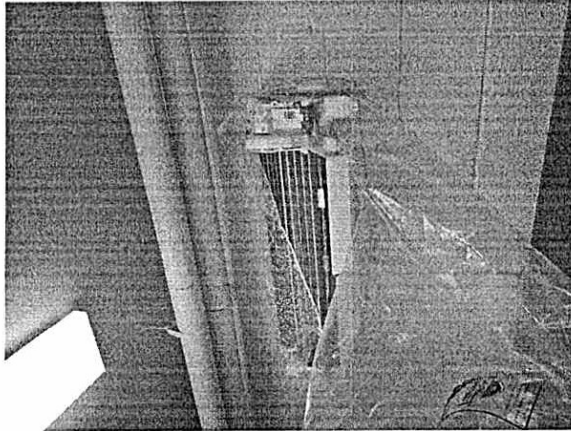
147b before

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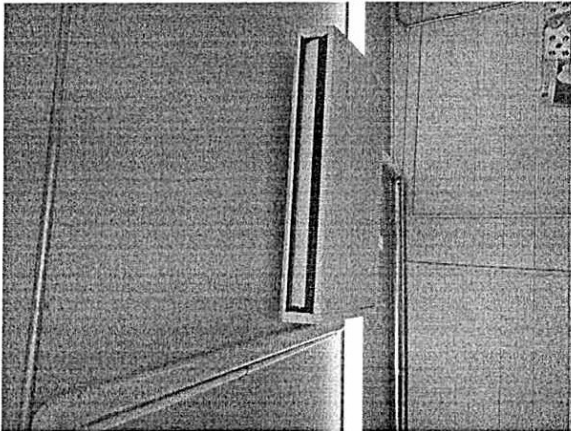
147a before

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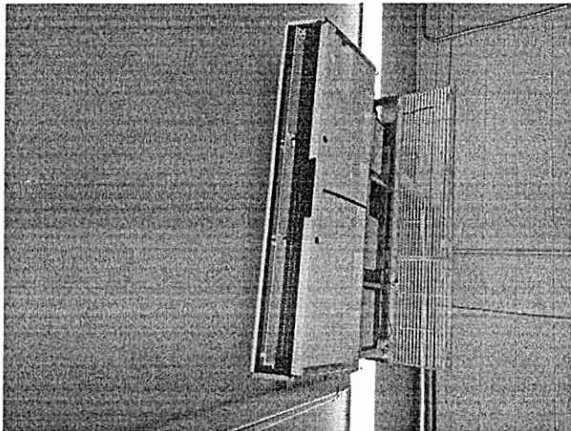
149 after

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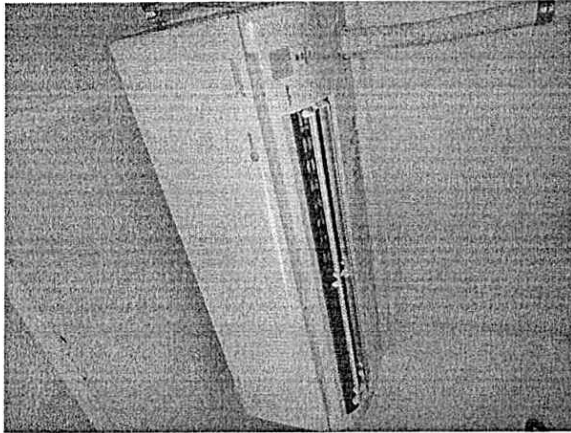
149 before

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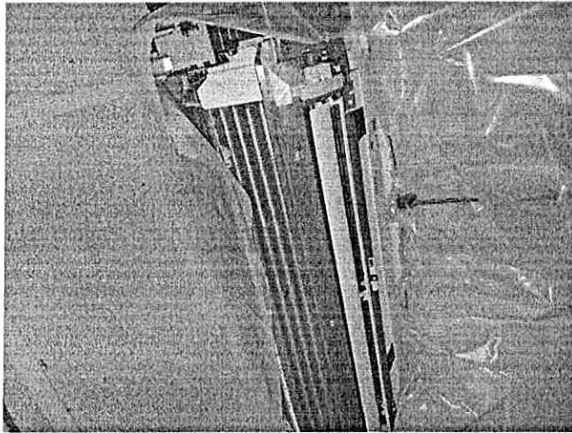
119 after

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119 before

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25-251S Scope of Work 25-251S Scope of Work.pdf



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 Regis domitrovich

DATE June 12,2025

POINT OF CONTACT:

DESCRIPTION OF WORK PERFORMED deep cleaned mini split heads

TOOLS USED none

MATERIALS USED OR PICTURE OF TAG* evap coil cleaner

HOURS REGULAR:

OVERTIME:



Attachments

Title	File Name
25-251S Scope of Work	25-251S Scope of Work.pdf





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Service Forms

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TECH NAME Caleb McNany

DATE 6/12/25

POINT OF CONTACT: Cindy

DESCRIPTION OF WORK PERFORMED assisted with mini split indoor unit deep cleaning

TOOLS USED hand tools

MATERIALS USED OR PICTURE OF TAG* JPs daily

HOURS REGULAR:

 OVERTIME:



Attachments

CERTIFICATION OF WORK

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

FACID/Building: PA027 Date of Visit: _____

Contractor Personnel on Site:

1. Jacob Powell, Regis Domitrovich 2. Caleb McNany

Work Performed:

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

- Deep Clean Mini Splits @ Farrell
1. _____

Service Calls – Service Call Number and Description

1. CSS# WO18838 FEMS3156271 PO-0001768
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jacob Powell Date: 6/12/25

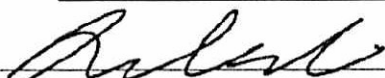
Signed: Jacob Powell

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: 

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