

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 poll 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:



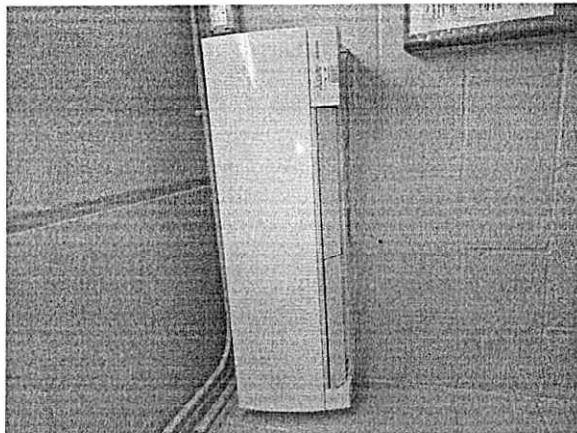
Attachments

Title

Motor poll after

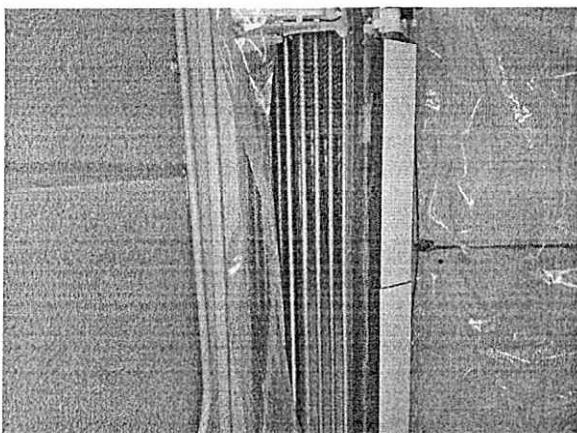
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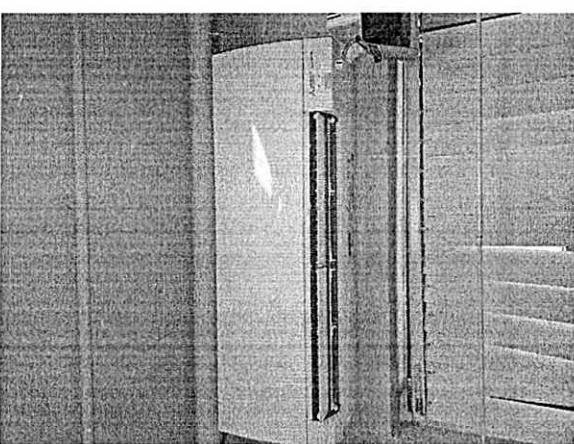
Motor poll before

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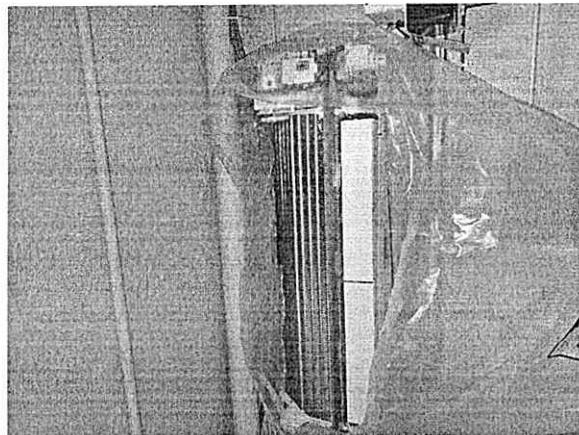
141 after

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141 before

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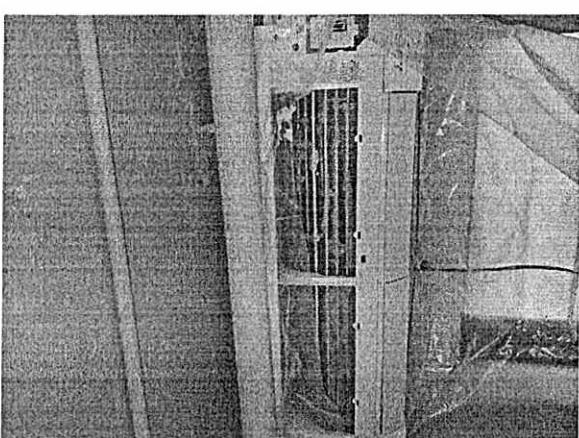
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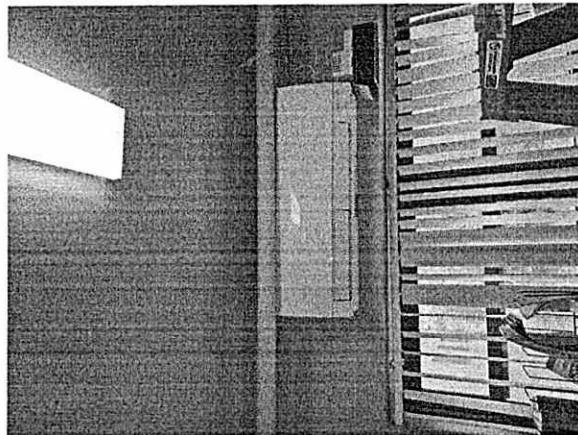
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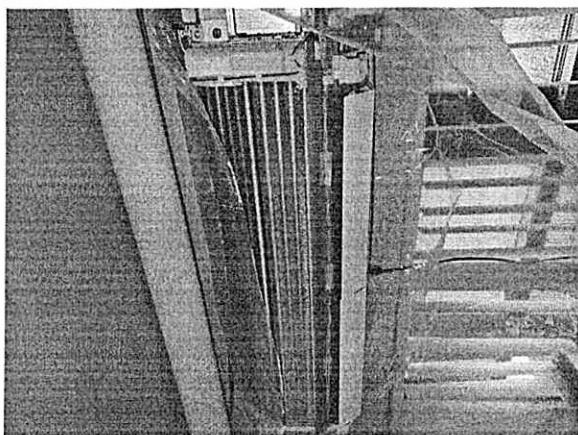
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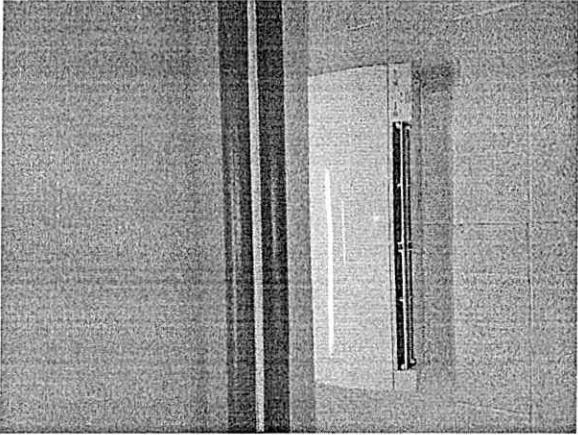
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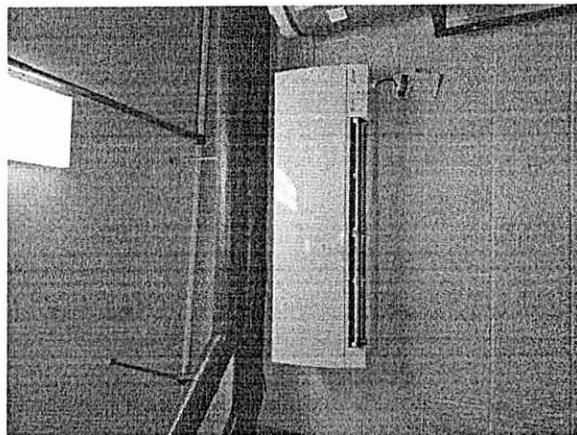
4/80 a after

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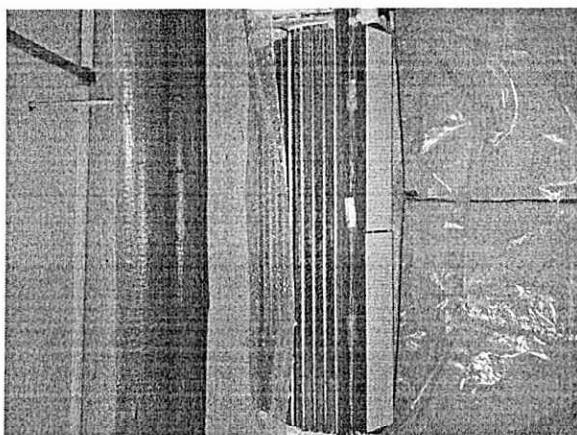
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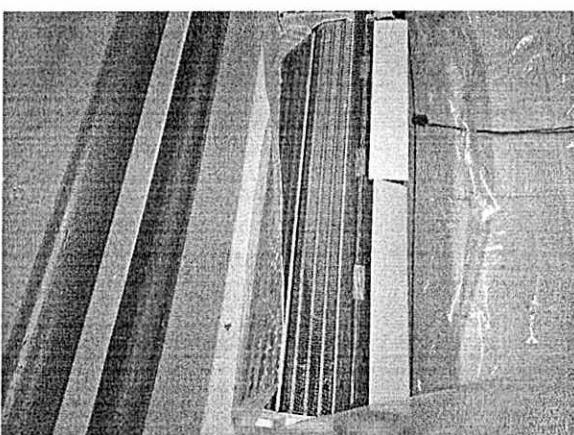
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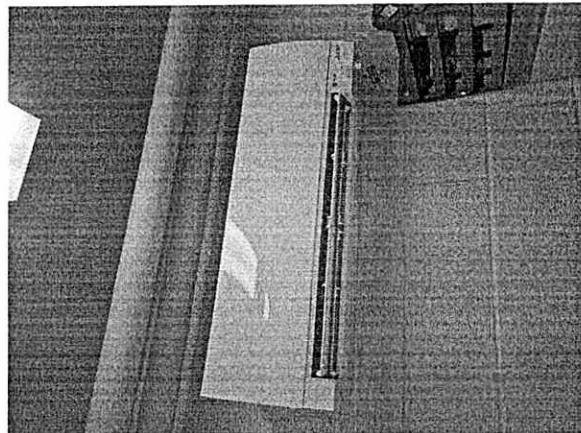
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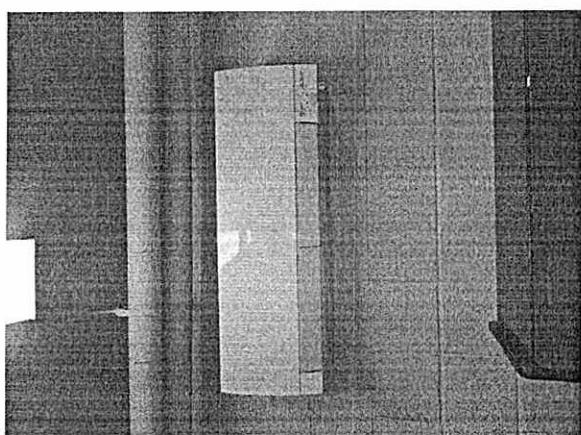
147 b after

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147a after

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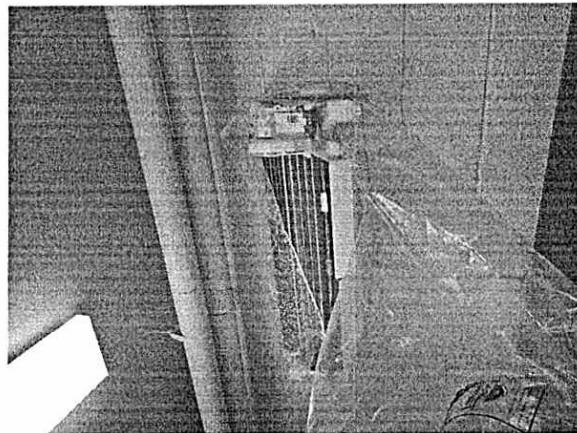
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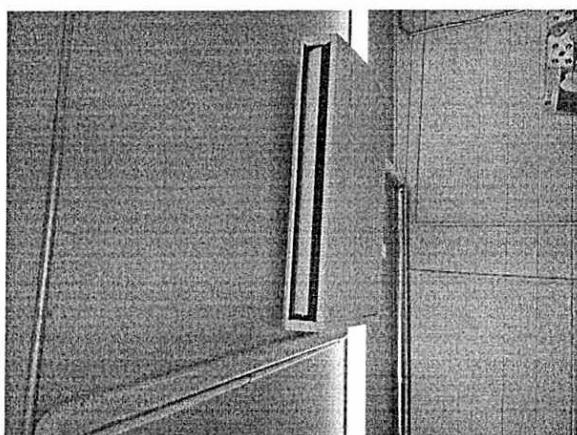
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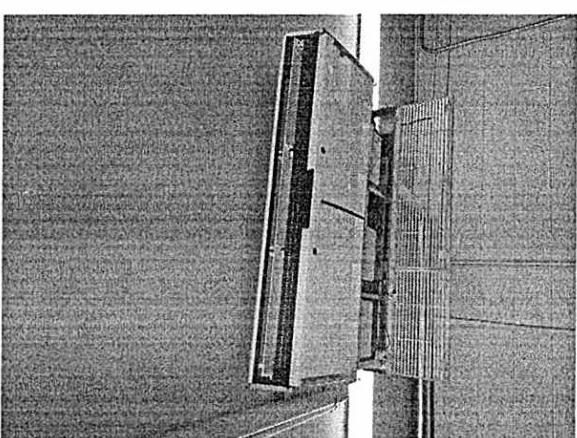
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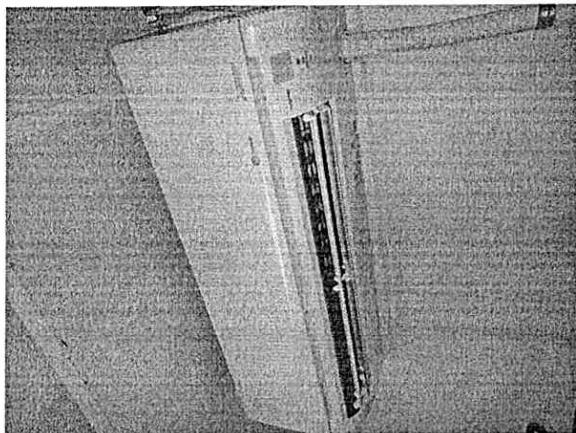
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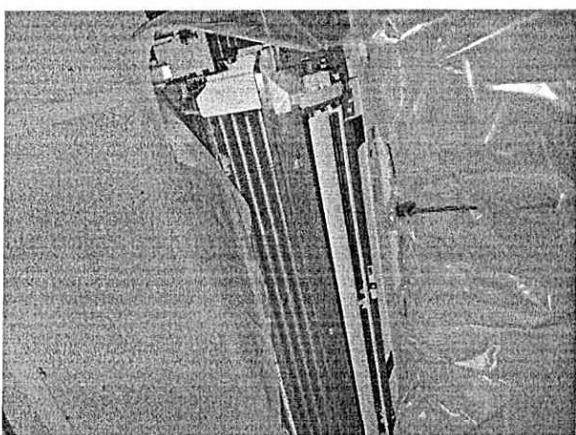
119 after

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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

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 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.)

1. Deep Clean Mini Splits @ Farrell

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: Robert

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