

## CERTIFICATION OF WORK

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

FACID/Building: Morgantown wv029

Date of Visit: 12-2-24

Contractor Personnel on Site:

1. Samuel Fisher 2. \_\_\_\_\_

### Work Performed:

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

1. WO# 213769

### Service Calls – Service Call Number and Description

1. CSS# Troubleshoot Backflow CSS 99098 WO 16899

2. CSS# \_\_\_\_\_

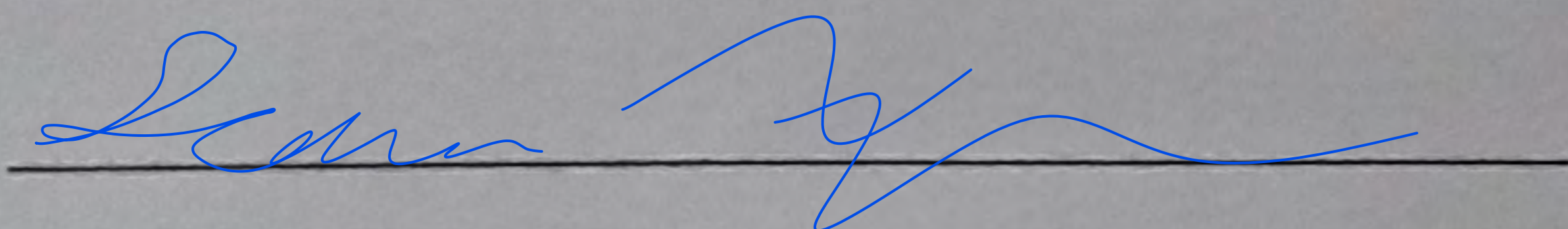
3. CSS# \_\_\_\_\_



## CERTIFICATION OF WORK

To be signed by the Contractor:

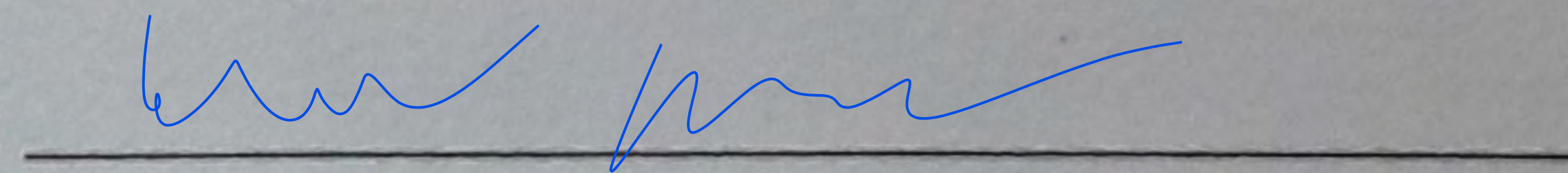
Print Name: Samuel Fisher Date: 12-2-24

Signed: 

To be signed by Facility Manager:

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:

Print Name/Rank: Derek Miller Date: 12-2-24

Signed: 

E-Mail: Derek.j.miller1.mil@army.mil



## CASTO TECHNICAL SERVICES, INC.

## SERVICE REPORT

DATE 2024 12 2 ARRIVAL TIME 0730 DEPARTURE TIME 0900 JOB/TCK. NO. 213769

CUSTOMER P.O. NO. \_\_\_\_\_

JOB NAME/LOCATION USARC - Morgantown WV029SERVICE REQUESTED (2) Investment is to labor to Troubleshoot the Leaking BFP to see if it needs repaired or replaced.

Manufacture: <u>Watts</u>				
Model#: <u>909M1QT 2"</u>				
Serial#: <u>270456</u>				
Refrigerant Added:	Qty	lb	oz	TYPE
Refrigerant Removed:	Qty	lb	oz	TYPE

☐ Leak Tested  
☐ Leak Found  
☐ Leak Repaired  
Method: \_\_\_\_\_  
Total Charge: \_\_\_\_\_

## WORK PERFORMED/UNIT INFO.

Arrived on site, checked in with customer. Gained access to backflow. Backflow was discharging through the relief port. Will quote out rebuilding backflow.

## NATURE OF WORK

Regular Service \_\_\_\_\_  
Quoted Service \_\_\_\_\_  
Start-up/Warranty \_\_\_\_\_  
SPD \_\_\_\_\_  
Contract Service \_\_\_\_\_  
Energy Management \_\_\_\_\_

## PARTS, MATERIALS AND SUBCONTRACTED SERVICES

QTY.	PART NO.	DESCRIPTION	P.L.	VENDOR	

## SUMMARY OF TIME

SERVICE TECHNICIAN	ON SITE REG.	ON SITE O.T.	REG. TRAVEL	O.T. TRAVEL	TOTAL HRS.	MEALS	LODGING	TOLLS	MILES	OTHER
1345 Sam Fisher	1.50		1.50		3					

JOB COMPLETE YES X NO \_\_\_\_\_ EXPLAIN \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Customer Representative