

**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. \_\_\_\_\_

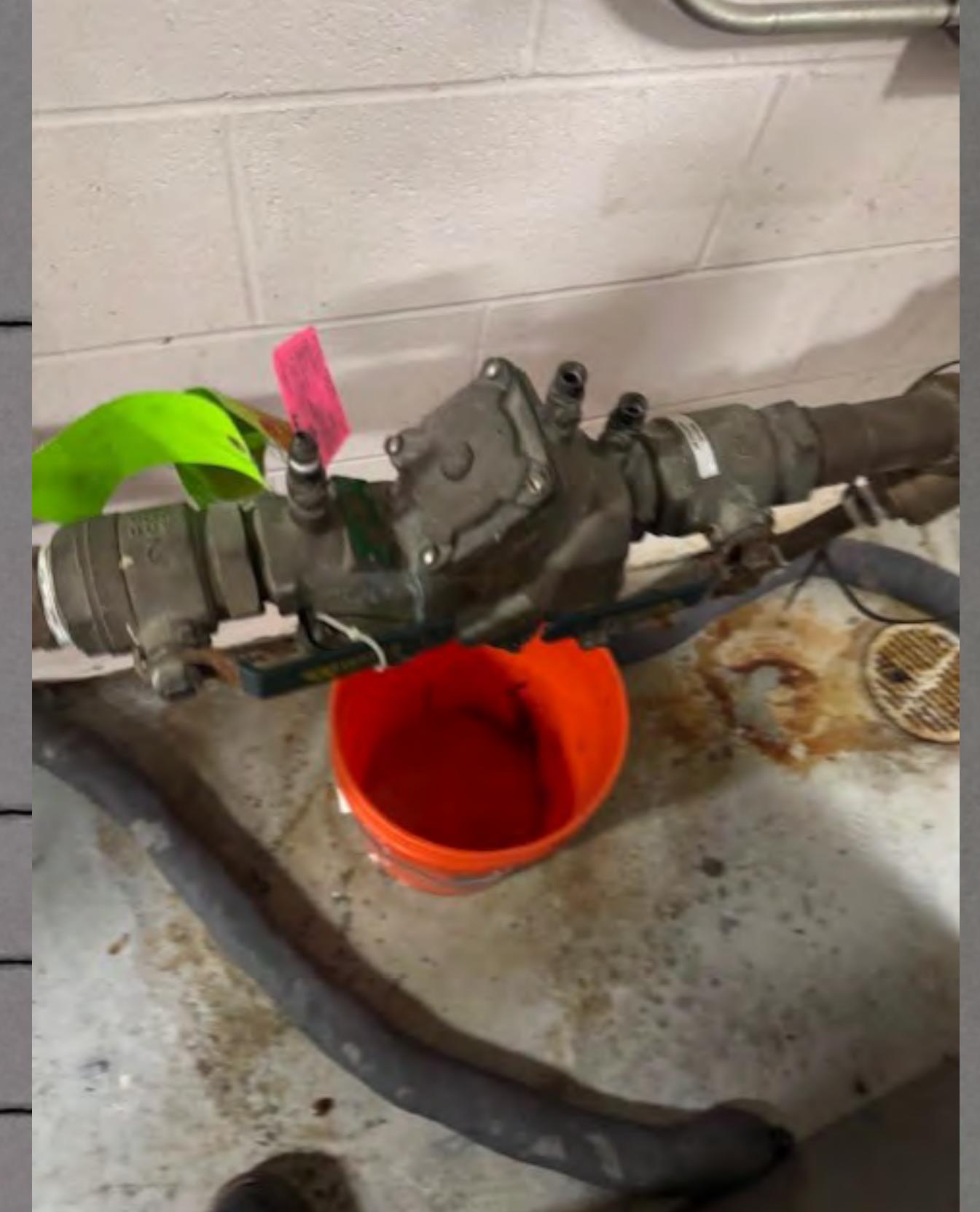
**Work Performed:**

**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# \_\_\_\_\_

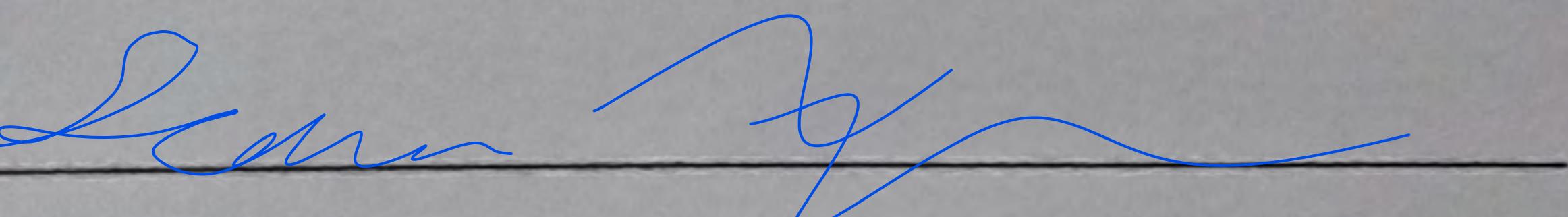


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**CERTIFICATION OF WORK**

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

JOBTICK NO 213769

**CUSTOMER P.O. NO.**

**JOB NAME/LOCATION** USARC - Morgantown WV029

**SERVICE REQUESTED** (2) *Investment is to labor to Troubleshoot the Leaking BFP to see if it needs repaired or replaced.*

Manufacturer: Watts

Model #: 909M1QT 2"

Serial #: 270456

Refrigerant Added: Qty      lb      oz      TYPE

Refrigerant Removed: Qty      lb.      oz.      TYPE

**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.

- Leak Tested
- Leak Found
- Leak Repaired

Method: \_\_\_\_\_

Total Charge:

#### **NATURE OF WORK**

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

**PARTS, MATERIALS AND SUBCONTRACTED SERVICES**

## **SUMMARY OF TIME**

**JOB COMPLETE**

YES X NO \_\_\_\_\_ EXPLAIN

**SIGNATURE** \_\_\_\_\_

### **Customer Representative**