

WO * 93613
INW * 95417

CSS * 19293
WO * 4099

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: Plattsburgh Date of Visit: 7/19/19

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | |
|---------------|
| 1. _____ |
| 2. _____ |
| 3. <u>N/A</u> |
| 4. _____ |

Inspection, Testing, and Certification

- | |
|---------------|
| 1. _____ |
| 2. <u>N/A</u> |
| 3. _____ |
| 4. _____ |

Other Recurring Services

- | |
|---------------|
| 1. _____ |
| 2. <u>N/A</u> |
| 3. _____ |
| 4. _____ |

Service Calls – Service Call Number and Description

- | |
|---|
| 1. <u>quoted repair of leak in fan coil in the gym.</u> |
| 2. <u>See page 2 for description.</u> |
| 3. _____ |

ATTACHMENT J-0200000-05
FORMS

Date	Employee / Properties	Subject / Text
7/19/2019	HOWARD; DOUGLAS E. CustView	Work Performed Drained line and unsolder joints on top and bottom of heater. Removed rusted out dielectric fittings. Installed new air vent and boiler drain cap. Solder in new unions and checked for leaks. .

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tammy Parisien Date: 8/29/19
Signed: Tammy Parisien

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: See attached Date: _____

Signed: _____

E-Mail: _____

**SERVICE REPORT**

WORK ORDER:

93613

CUSTOMER PO:

19293/4099

DATE: 07/19/2019

CUSTOMER: US ARMY RESERVE - PL (AR#:10343)
STREET: 5363 PERU STREET, ROUTE 9
CITY: PLATTSBURGH, NY 12901
CONTACT: RON VOGT - CELL

DESCRIPTION: SCHED 7/19 8AM WITH LIFT- DO NOT MOVE-JS 7/16// *** LIFT NEEDED - SEE NOTES
AND TECHNICIAN NEEDS TO PICK UP NIPPLES, UNIONS, ETC. ***** Quoted - Repair
Leak in Small Fan Coil in Gym - Doug (Approved by Customer on 6/11/19-LF)///
CALL TYPE: PLATTSB - AIR CONDITIONING
TROUBLE REPORTED: PL - AIR CONDITIONING
WORK PERFORMED: WO# 4099 CSS19293/NY054

We were asked to check a leak. Our technician made the following notes:

Need lift to make repairs - found small fan coil in gym room leaking from union.
Recommend replacing two 1.25 unions and two 1.25x 3-6 nipples.

The pricing shown below covers labor and materials required to do this work. The
diagnostic call is being invoiced separately. Please call me at extension #236 if you
have any questions. Thank you. (FRASHER; LINDA L. on Jun 11, 2019)

Drained line and unsolder joints on top and bottom of heater. Removed rusted out
dielectric fittings. Installed new air vent and boiler drain cap. Solder in new unions and
checked for leaks. . (HOWARD; DOUGLAS E. on Jul 19, 2019)

PARTS	
QUANTITY	DESCRIPTION
1	MAPP GAS
2	FLUX / SOLDER USE
1	CONSUMABLE ITEM - \$2.50
1	VEHICLE CHARGE
1	LIFT RENTAL
1	2 dielectric unions
1	Hose cap
1	Washer
1	Pipe and air vent

LABOR		
DATE	LABOR	TECHNICIAN/DESC
07/19/2019	6 (SD)	HOWARD; DOUGLAS E. (Service Repair)

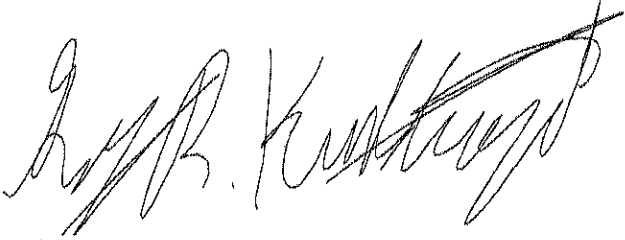
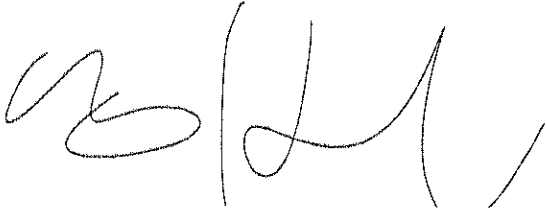
IS JOB COMPLETE? **Yes**

Customer

Name:

Date: 07/19/2019 12:00 PM

Comments:

Email**Customer Signature**A handwritten signature in black ink, appearing to read "D. B. Kunkin". The signature is written in a cursive style with a large, sweeping "D" and a long, horizontal stroke at the end.**Employee Signature**A handwritten signature in black ink, appearing to read "D. Howard". The signature is written in a cursive style with a large, sweeping "D" and a long, horizontal stroke at the end.**Employee**

Name: DOUG HOWARD

Date: 07/19/2019 12:00 PM

Comments:

WO # 93506
Inv - 94393

CMI 05519293
WO 4099

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: Pittsburgh Date of Visit: 6/7/19

Contractor Personnel on Site:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | | |
|----------|-----|
| 1. _____ | N/A |
| 2. _____ | |
| 3. _____ | |
| 4. _____ | |

Inspection, Testing, and Certification

- | | |
|----------|-----|
| 1. _____ | N/A |
| 2. _____ | |
| 3. _____ | |
| 4. _____ | |

Other Recurring Services

- | | |
|----------|-----|
| 1. _____ | N/A |
| 2. _____ | |
| 3. _____ | |
| 4. _____ | |

Service Calls - Service Call Number and Description

- | | |
|----------|---|
| 1. _____ | repair / clean heat exchanger - diagnosed
needed repair - see page 2 for
work description |
| 2. _____ | |
| 3. _____ | |

Over and Above Repair Work – Order Number and Description of Work Completed

Diagnostic

Date	Employee / Properties	Subject / Text
6/7/2019	HOWARD; DOUGLAS E. CustView	Work Performed Need lift to make repairs found small fan coil in gym room leaking from union Recommend replacing two 1.25 unions and two 1.25x 3-6

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tammy Parisian Date: 8/29/19
Signed: Tammy Parisian

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: See attached Date: _____

Signed: _____

E-Mail: _____

**SERVICE REPORT**

WORK ORDER:

93506

CUSTOMER PO: 4099

DATE: 06/07/2019

CUSTOMER: US ARMY RESERVE - PL (AR#:10343)
STREET: 5363 PERU STREET, ROUTE 9
CITY: PLATTSBURGH, NY 12901
CONTACT: RON VOGT - CELL

DESCRIPTION: WO#4099/ CSS19293/ NY054 Plattsburg usarc repair heat exchanger needs to be cleaned / CMI// CMI CONTACT VANESSA FERNANDEZ 703-738-5306
CALL TYPE: PLATTSB - AIR CONDITIONING
TROUBLE REPORTED: PL - AIR CONDITIONING
WORK PERFORMED: Need lift to make repairs found small fan coil in gym room leaking from union. Recommend replacing two 1.25 unions and two 1.25x 3-6 (HOWARD; DOUGLAS E. on Jun 7, 2019)

PARTS	
QUANTITY	DESCRIPTION
1	VEHICLE CHARGE

LABOR		
DATE	LABOR	TECHNICIAN/DESC
06/07/2019	1.5 (PW-REG)	HOWARD; DOUGLAS E. (Service Repair)

IS JOB COMPLETE? **No****Customer**

Name:

Date: 06/07/2019 10:40 AM

Comments:

Email**Customer Signature****Employee**

Name: DOUG HOWARD

Date: 06/07/2019 10:40 AM

Comments:

Employee Signature