



S&S MECHANICAL

SERVICE TICKET

Customer Name: MD005
Work Order Number: # 4443 CSS# 14165
Address: _____
Phone Number: _____
Date: 12/17/18

Arrival Time: 8:45 ☒ AM ☐ PM ☐ OT
Depart Time: 12:00 ☐ AM ☐ PM ☐ OT
Travel Time: _____ Number of Personnel: 1
Technician(s): Josh
Department(s): _____

Requested By: _____
Equipment Manufacture: _____
Model No: _____ ML No: _____
Serial No: _____
Refrigerant Type: _____ Pounds Added: _____

Division

- ☐ Electrical
☒ Plumbing
☐ Refrigeration
☐ Hot Side
☐ General Maintenance

Type of Repair

- ☐ Preventative Maintenance
☒ Repair
☐ Leak Check

Forms Attached

- ☐ P.M. Form
☐ Refrigerant Usage Form
☐ Leak Check Form

Type of Work

- ☒ PROJECT
☐ ECC

Type of Equipment Rental

- ☐ LIFT RENTAL
☐ EQUIPMENT RENTAL
☐ S&S LIFT

Status of Repair

- ☒ Complete
☐ Follow Up Needed
☐ Follow Up Completed
☐ Parts Needed
☐ Refrigerant Needed

Initial Call: _____
Repair: Fix broken port on balancing valve, Replace Relief Valve on Boiler, Insulate All Replaced Piping.

Why Follow Up? _____

STAMP:

Invoice No: _____

Signature: Jason D. Gavin

☐ LOG BOOK

Qty.	Description of Materials/ Parts	Part Number	Supplier	Amount
20	2" Insulation			
2	Insulation 90° 2" 2"			
1	Roll Insulation Tape			
1	3/4 50psi Relief Valve	Ferguson		
1	3/4 x 1" Reducer B/K			
1	3/4 close nipple			

CERTIFICATION OF WORK

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

FACID/Building: MD005 Date of Visit: 12/17/18

Contractor Personnel on Site:

1. Josh Stephenson
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. #4443 CSS# 14165 Finish Piping for
2. leaks in Boiler Room, Insulate pipes, clean
3. out trash/old pipes.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Stephenson

Signed: Josh Stephenson

Date: 12/17/18

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: JASON GAVIN AFOS

Date: 12/17/18

Signed: Jason D. Gavin

E-Mail: jason.d.gavin.ctr@mail.mil





