



## 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** Tom Timlin

**DATE** 4/12/23

**POINT OF CONTACT:** Scott

**DESCRIPTION OF WORK PERFORMED** Found all 3 HWH's shut off. The middle/ Lead boiler had water draining from the unit drain with nothing on. The heat exchanger is bad and leaking through. I moved the control wires around on the Control board and got the first and last boilers reassigned to run with the middle one being off. There is a lot of water damage inside the middle heater and the inducer does not work. I am recommending the whole heater. Sent the information to the office to get them a quote on replacement. Building has hot water again.

**TOOLS USED** Hand tools

**MATERIALS USED OR PICTURE OF TAG\*** none

**HOURS** REGULAR: 3

OVERTIME:



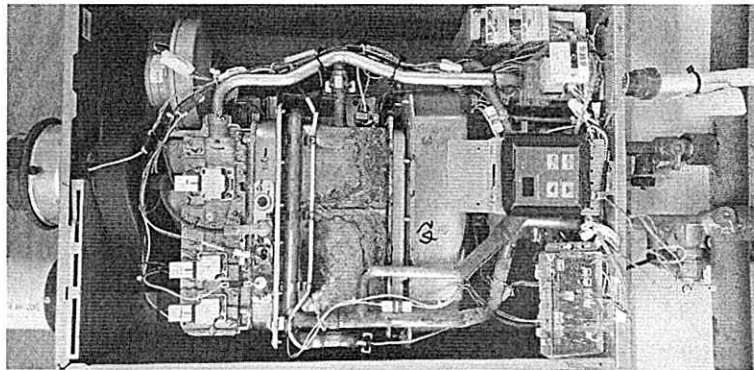
## Attachments

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### File Name

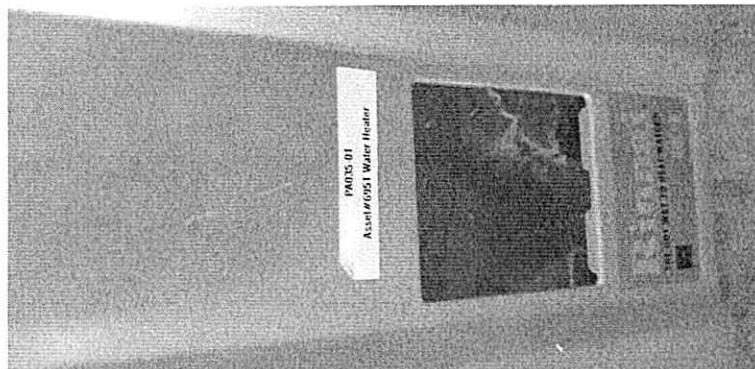
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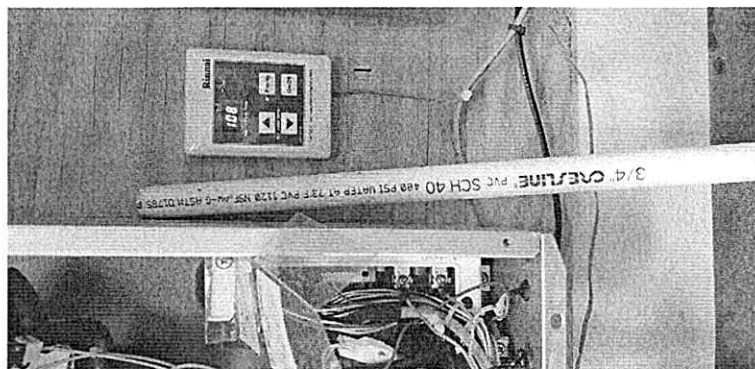
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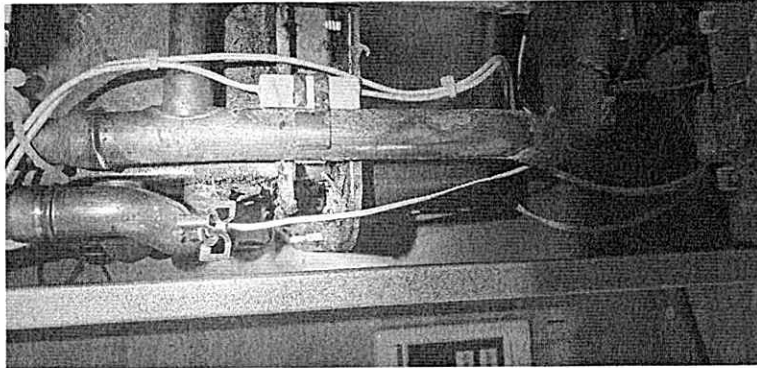


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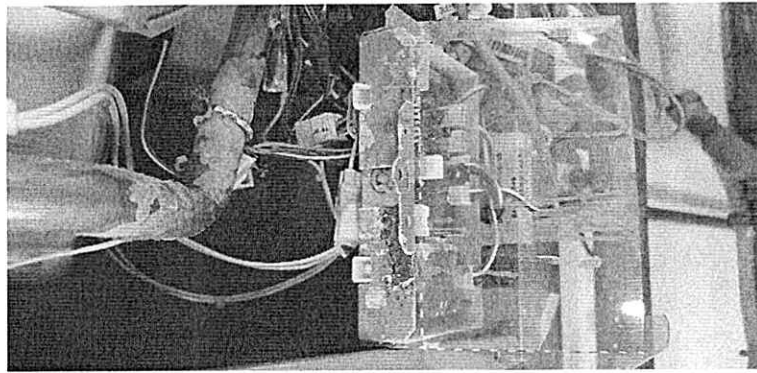
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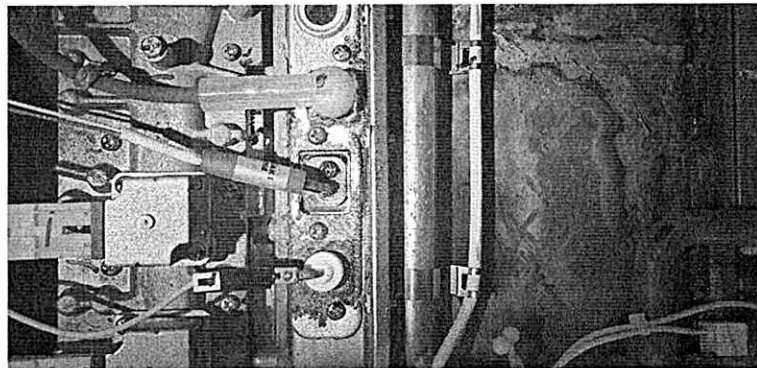
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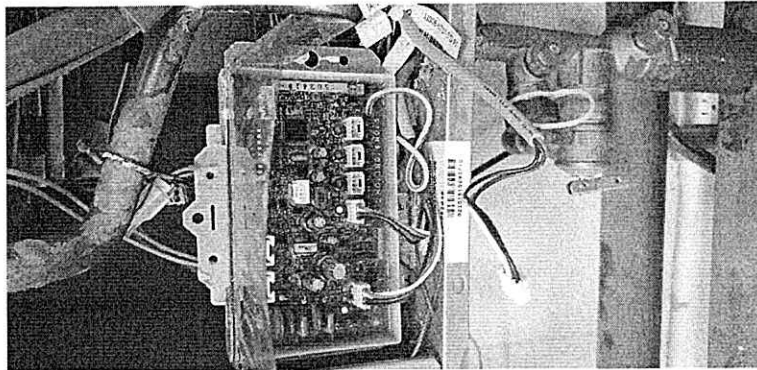
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4-12-23 Franklin HWH  
bad heat exchanger

4-12-23 Franklin HWH bad heat exchanger.pdf

CERTIFICATION OF WORK

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

FACID/Building: PA035 Date of Visit: 4/12/23

Contractor Personnel on Site:

1. Tom Timlin 2.

**Work Performed:**

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

1.

**Service Calls** – Service Call Number and Description

1. CSS# 92955. HWH down at Franklin  
2. CSS#   
3. CSS#

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Thomas Timlin Date: 4/12/23

Signed: 

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: Cynthia Croyle/ AFOS Date: 4/12/23

Signed: 

E-Mail: cynthia.a.croyle.ctr@army.mil