

Date: 5/8/2024

Region: 4C

CSS No.: 97249

FAC ID: WV029

Maximo WO No.: 15391

Asset #: NA

Priority: Emergency



**Original Work Request:**

Repair HVAC unit in women's room upstairs - started leaking over the weekend.

**Description of Repairs Needed:**

Labor to a.) investigate leak, unable to locate leak at this time. Shut water off to the unit. Will return later to continue investigation. b.) Returned and located leak on radiant heating coil. Removed coil and repaired faulty plug. Tested that the repair is good and reinstalled coil. Turned water back on and confirmed no additional leaks. Returned unit to service.

Labor	Labor Hrs	Labor Rate	Total
Technician	7	\$ 100.00	\$ 700.00
		\$ -	\$ -

Material List:	Quantity	Cost	Total
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -

Equipment List:	Quantity	Cost	Total
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -

**PM WO History:**

NA

**Estimate Summary:**

Labor	Material	Equipment
\$700.00	\$0.00	\$0.00

Sub Total	G&A 12%	Fee 6%	Total Estimate
\$700.00	--	--	\$700.00

Note: G&A and Fee are not applied on top of work performed by Tidewater.



Prepared by:

Tidewater, Inc.  
6625 Selkirk Drive, Suite A  
Elkridge, MD 21075

Prepared for:

CMI Management, Inc.  
5285 Shawnee Road Suite 510  
Alexandria, VA 22312-2334

Date: 5/8/2024 CSS #: 97249  
FAC ID: WV029 WO #: 15391

DESCRIPTION OF WORK			
Labor to a.) investigate leak, unable to locate leak at this time. Shut water off to the unit. Will return later to continue investigation. b.) Returned and located leak on radiant heating coil. Removed coil and repaired faulty plug. Tested that the repair is good and reinstalled coil. Turned water back on and confirmed no additional leaks. Returned unit to service.			

LABOR	QTY	UNIT/RATE	TOTAL
Technician	7	\$100.00	\$700.00
		\$0.00	\$0.00
MATERIAL	QTY	UNIT/RATE	TOTAL
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
EQUIPMENT	QTY	UNIT/RATE	TOTAL
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
SUB-TOTAL COSTS:	LABOR TOTAL		\$700.00
	MATERIAL TOTAL		\$0.00
	EQUIPMENT TOTAL		\$0.00
TOTAL COST:			\$700.00

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_