

## 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
<b>TOTAL*:</b>	<b>\$0.00</b>				
* Not including taxes					

## Service Forms

Daily Form	Fill out every day, even on PMs, and projects
TECH NAME	Tom Timlin
DATE	5/9/23
POINT OF CONTACT:	Scott
DESCRIPTION OF WORK PERFORMED	Performed the compressor PM on the compressor in the warehouse. Drained the compressor, cleaned the air filter, changed the oil. The compressor was off when I arrived and I checked with them onsite and they asked to keep it off for now. Unit is running good at this time.
TOOLS USED	hand tools
MATERIALS USED OR PICTURE OF TAG*	none
HOURS	REGULAR:
	OVERTIME:

Air compressor pm	Air compressor pm form
Manufacturer	Ingersoll Rand
Unit location / Tag	warehouse furnace room
Model / Serial Number	Camera 05/09/2023 01:49
	PM.jpg



Belts	1: A-95859112 Good
Oil level	Good before and after oil change
Oil change performed (date)	05/09/2023
Air filter( condition)	Good
Air dryer associated with compressor (Yes or No)	No
Air dryer operation	na
Clean coils	na

Drains/auto/ dryer/ tank (operation)	All good
Notes / Issues	Cleaned the tank drain out by pulling the whole bottom plug out and got a bunch of water and debris out from inside. Unit is running good at this time.

## Attachments

### Title

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### File Name

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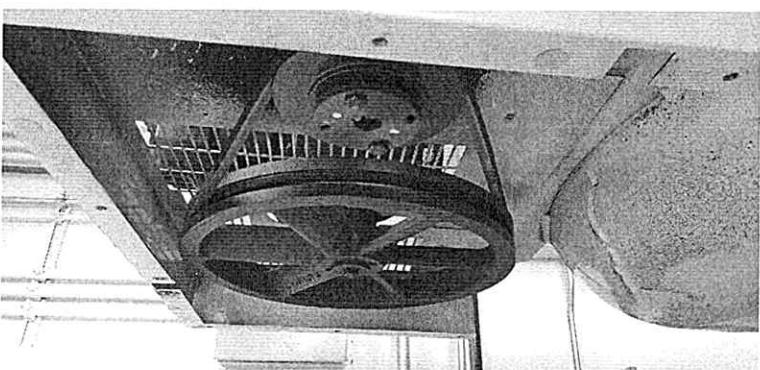
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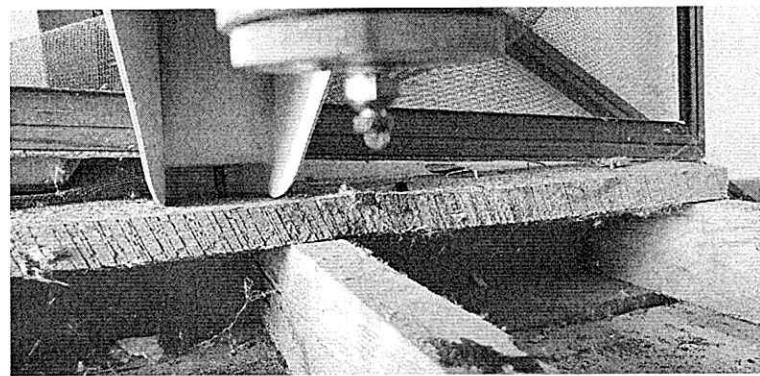
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**CERTIFICATION OF WORK**  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: PA118 Date of Visit: 5/9/23

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

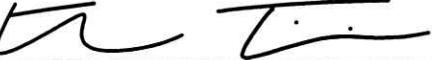
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2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Thomas Timlin Date: 5/9/23

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 someone representing the Contractor was onsite and accomplished something

Print Name/Rank: Cynthia Croyle/ AFOS Date: 5/9/23

Signed: 

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