

**CERTIFICATION OF WORK
PREVENTIVE MAINTENANCE**

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

FACID/Building: DE001 Date of Visit: 24 Feb 2020

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Josh Michael</u> | 3. _____ |
| 2. _____ | 4. _____ |

Work Performed:

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

1. WO# 11677
2. ASSETS 190918-102 Bldg.1,WATTS, MODEL #073M3QTDC, SERIAL #316669
3. _____
4. _____
5. _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Josh Michael Date: 24 Feb 2020

Signed: Joshua D. Muhl

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: 2/24/2020

Signed: Jason Gavin

E-Mail: _____



1150 Paddock Road
Smyrna, DE 19977
302-659-1111
joshua@jdm1plumbing.com
www.jdm1plumbing.com

SERVICE ORDER INVOICE

BILL TO Tidewater

THIS WORK IS TO BE <input type="checkbox"/> C.O.D. <input type="checkbox"/> CHARGE <input type="checkbox"/> NO CHARGE	
<input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY <input type="checkbox"/> SERVICE CONTRACT	
MAKE	MAKE
MODEL	MODEL
SERIAL NUMBER	SERIAL NUMBER

7104

NAME				DESCRIPTION OF WORK PERFORMED			
STREET				DATE			
CITY				P.O. #			
PHONE		AUTHORIZED BY		007M3 QT DC 3/4" 175.0			
EMAIL				# only serving cold water to Heating system. No BFP @ water main			
WORK TO BE PERFORMED				Call contacts when (Test BFP x2) on way Fill out all paperwork			
QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT	ch.#1 failed			
	REFRIGERANT R- LBS.			ch.#2 failed			
				Shut-off #2 closed 48 PSI			
				2) 1137 Savannah Rd, Lewes DE			
				007M1QT DC 1" 175.0			
				Ser.# 432580			
				Ck.#1 - 2.4			
				Ck.#2 - 2.2			
				Shut-off #2 closed 44 PSI			
TOTAL MATERIALS							
HRS.	LABOR	RATE	AMOUNT	RECOMMENDATIONS			
MATERIALS & LABOR MAY BE CONTINUED ON OTHER SIDE							
TOTAL LABOR							
HRS.	TRAVEL	RATE	AMOUNT	TOTAL SUMMARY			
				TOTAL MATERIALS			
				TOTAL LABOR			
				350.00			
				TOTAL CHARGE			
				DISCOUNT			
				TOTAL			
I have the authority to order the work outlined above, which has been completed satisfactorily. By signing below I acknowledge that I have read, understood and accept the General Terms and Conditions as set forth on the back of this Service Order Invoice.							
CUSTOMER SIGNATURE				DATE			

Thank You