

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

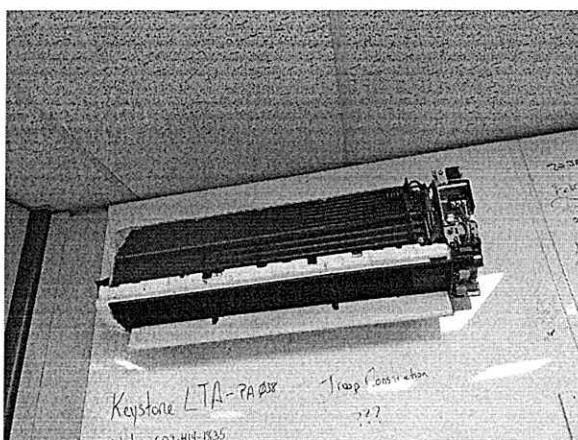
Service Forms

Daily Form Fill out every day, even on PMs, and projects

TECH NAME Jacob Powell
DATE 10-28-2024
POINT OF CONTACT: Scott
DESCRIPTION OF WORK PERFORMED cleaned mini split heads in the gym and the classroom inside the warehouse and made sure that everything worked when I put all the panels back on it.
TOOLS USED hand tools, air hose
MATERIALS USED OR PICTURE OF TAG* n/a
HOURS REGULAR:6
OVERTIME:

Attachments

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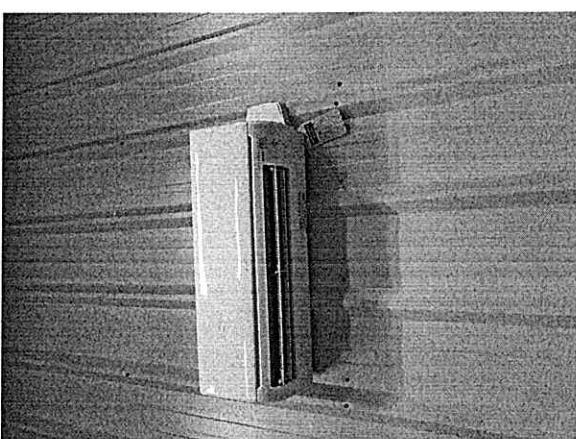
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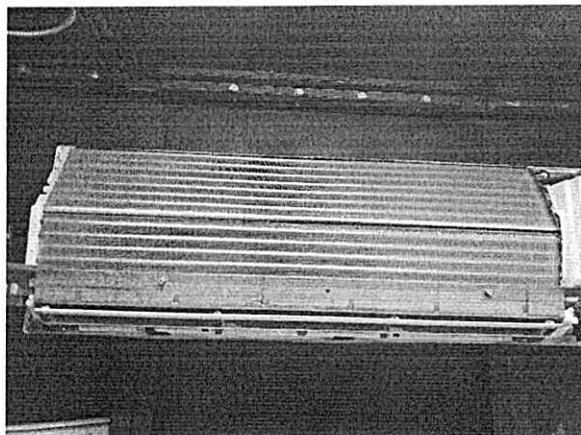
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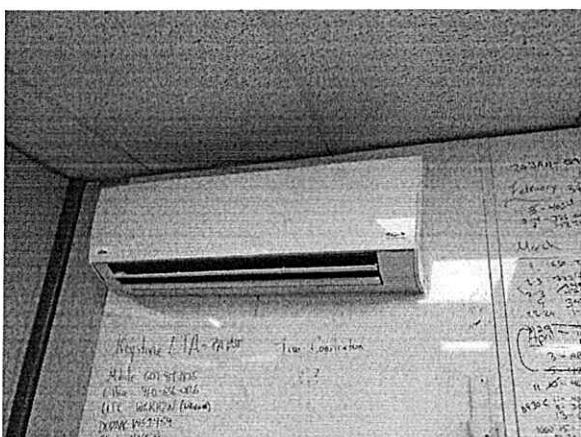
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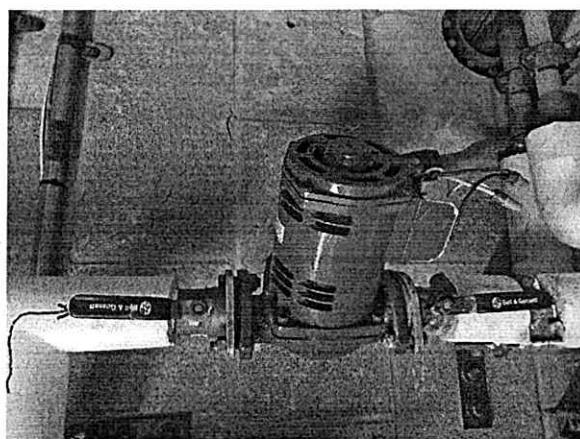
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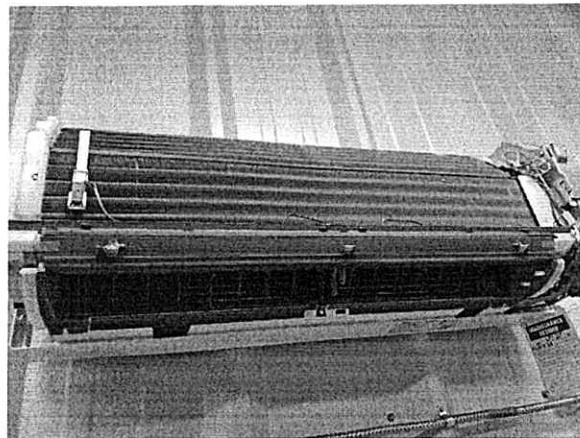
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CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: ECS Date of Visit: 10-28-2024

Contractor Personnel on Site:

1. Jacob Powell 2. _____

Work Performed:

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

1. _____

Service Calls – Service Call Number and Description

1. CSS# 17058 Cleaned mini split head in warehouse
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

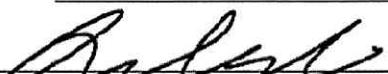
Print Name: Jacob Powell Date: 10-28-2024

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: _____ Date: _____

Signed: 

E-Mail: scott.w.kawski.civ@army.mil