



## 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

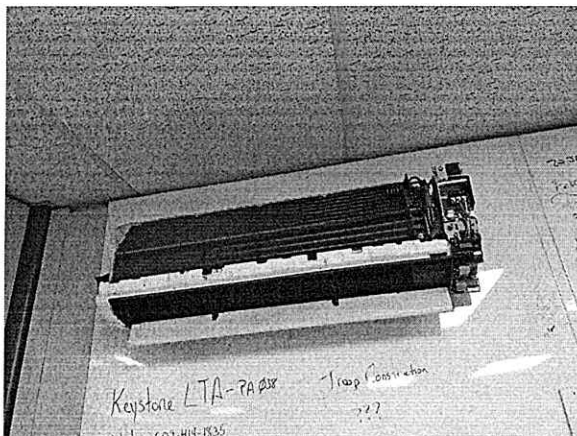
Fill out every day, even on PMs, and projects

**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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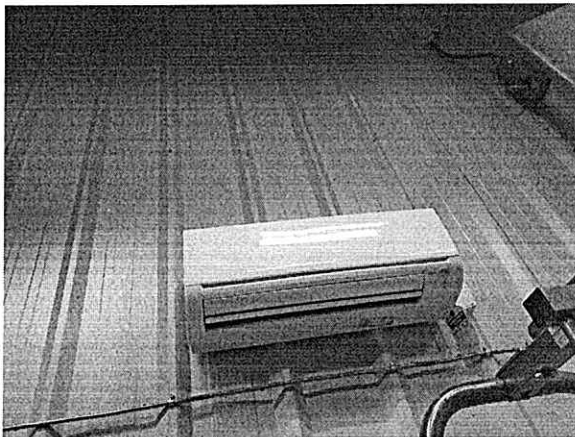
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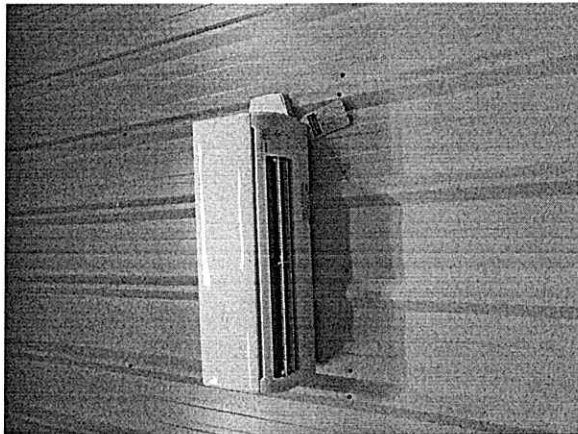
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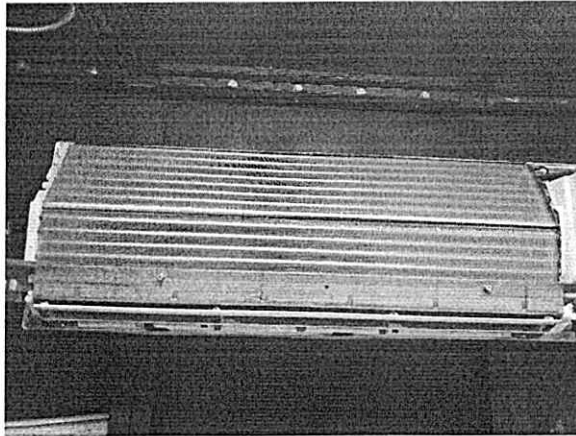
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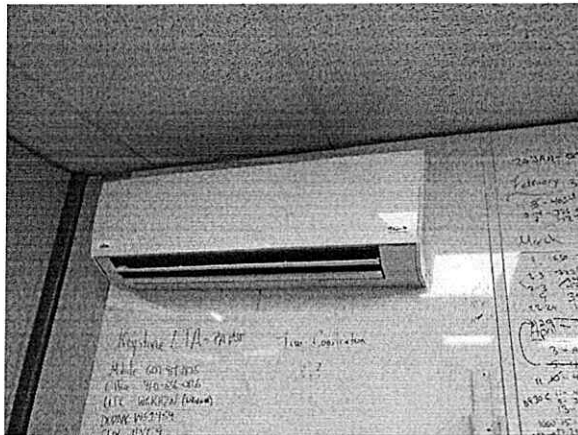
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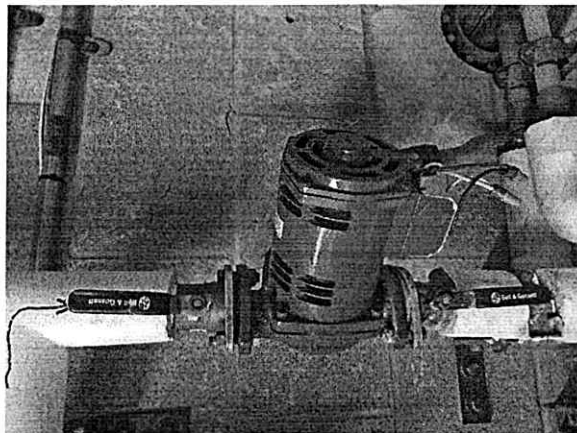
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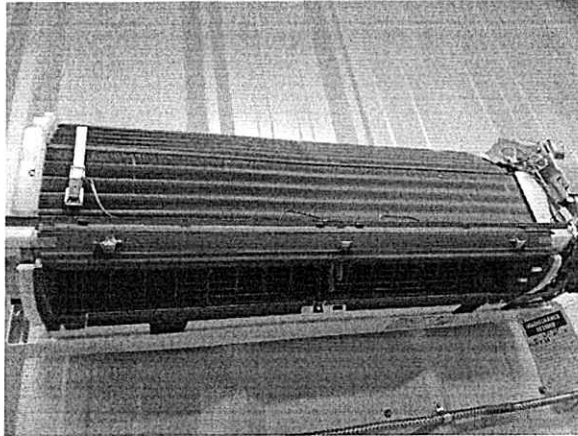
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CERTIFICATION OF WORK

(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# \_\_\_\_\_

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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