



Over and Above Estimate

Region:2

Location: NY023

CSS #: 22713

Maximo Work Order No.: 6472

Asset#:

Date Issued: 11/26/2019

Original Description: n - Leaking pipe, part of the hydronic system leaking from ceiling outside office 2006 E, second floor of building # 200

Diagnosis: Repair Leaking pipe, part of the hydronic system leaking from ceiling outside office 2006 E, second floor of building # 200

Scope: Cover flooring and desk with protective covering. Remove existing 2x2 ceiling tiles as needed, reinstall once repair is complete. Remove existing foam installation on 1 1/4" heating line check for leaks.

Clean existing piping and fittings where needed with brushes and abrasive tools to locate reattachment point for new expansion joints, pipe and fittings if and where needed. Approximately 40FT

Clean up area and re-install ceiling tiles

*****THIS ESTIMATE IS ONLY TO DETERMINE THE EXTENT OF THE DAMAGE AND THE REPAIRS NECESSARY TO CORRECT PROBLEM*****

Non Pre-Priced Estimate:

Quantity	Line Item Number	Description	Labor Hours	Unit	Labor	Materials	Equipment	Total
1		Materials (See attached estimate for line items)				\$150.00		\$150.00

Note: RS Means (Pre-Priced) not used in compiling this estimate.

Note: Subcontractor quote attached.

Estimate Summary:

Labor Hours	Labor Cost	Material Cost	Equipment Cost	Total Cost	CE Factor	Total Estimate
16 x \$190.00	\$3040.00	\$150.00		\$3190.00	90%	\$2871.00

Please see attached estimate

Note:

CERTIFICATION OF WORK

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

FACID/Building: NY023 B200 Date of Visit: 12/2

Contractor Personnel on Site:

1. ENEC 2. JOHN WOLFE

Work Performed:

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

Service Orders - CSS #22713

Asset #	Qty	Asset Description
		Removes ONE foot of
		INSULATION TO EXAMINE
		PROBLEM
		MUST Remove APPROX 40 FT
		OF INSULATION TO DETERMINE
		START POINT FOR REPAIR

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WOLFE Date: 12/2/19

Signed: [Signature]

To be signed by Facility Manager:

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:

Print Name/Rank: LOUIS CORBO

Date: 12 Dec 2019

Signed: [Signature]

E-Mail: LOUIS.A.CORBO-CTR@MAIL.MIL

