

WORK ORDER ESTIMATE

CSS #:

Work Order #:

Emergency

Urgent

Routine

Company Name:	ISG	Facility ID:	NY023
Contractor POC:			
Telephone No:		Building/Location; (e.g., Classroom/Room #)	AMSA/Small Arms Room
E-Mail Address:			
Assigned Technician(s):	Deen Rowe		

DESCRIPTION of WORK and EXPLANATION for REPAIRS or REPLACEMENT

The mini split system for this room is not working because all of the freon leaked out. I will have to fill the system with nitrogen to find the leak, then fix it. I will then need to pull a vacuum and charge the system back up with r410a to have it running again normally.

LABOR/MATERIAL		MATERIAL/ SUB UNIT DOLLAR AMOUNT	LBR/HR \$85	LINE ITEM TOTAL DOLLAR AMOUNT
ITEM	QUANTITY			
Diagnostic & Labor			8	\$680.00
Nitrogen Tank	1			\$48.00
R-410A 5-7 lbs.	1			\$58.80
				\$0.00
SUB-TOTAL COSTS:	Materials Total	\$106.80	Labor	\$680.00
TOTAL			\$786.80	

CERTIFICATION OF WORK

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

FACID/Building: NY023 Date of Visit: 07/21/2020

Location Address: _____

Contractor Personnel on Site:

DEEN ROWE

Work Performed: g UPON ARRIVAL PERFORMED DIAGNOSTIC UNIT HAS LEAK

Service Calls – PO/CSS# tTBD WO 9739

WILL NEED EXTENSIVE LEAK SEARCH, REPAIR AND ADD FREON

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: DEEN ROWE

Date: 7/21/2020

Signed: Deen Rowe

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: _____

Date: _____

Signed: _____

Email: _____