

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



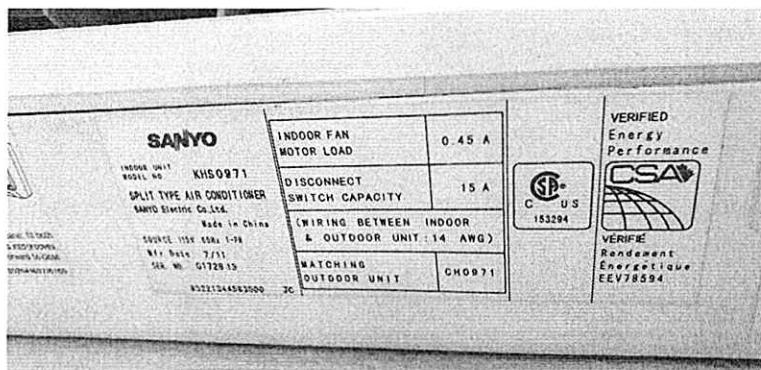
Service Forms

| | |
|-----------------------------------|---|
| Daily Form | Fill out every day, even on PMs, and projects |
| TECH NAME | Tom Timlin |
| DATE | 6/1/23 |
| POINT OF CONTACT: | Reginald |
| DESCRIPTION OF WORK PERFORMED | The mini split for room 101 was not blowing cold air. Found the unit low on refrigerant. Spoke to Reginald about the options. He agreed to get the unit running again and get them a quote on replacing the unit due to it having an ongoing leak and it being older. Recovered 1 lb of 410a from the system. Added the 2lbs to the system for what the factory says it should be. Turned it on and made sure it was running properly. Got all the information needed for replacement. Unit is running good at this time. |
| TOOLS USED | - recovery machine |
| MATERIALS USED OR PICTURE OF TAG* | 2 lbs 410A |
| HOURS | REGULAR: 2 |
| | OVERTIME: |



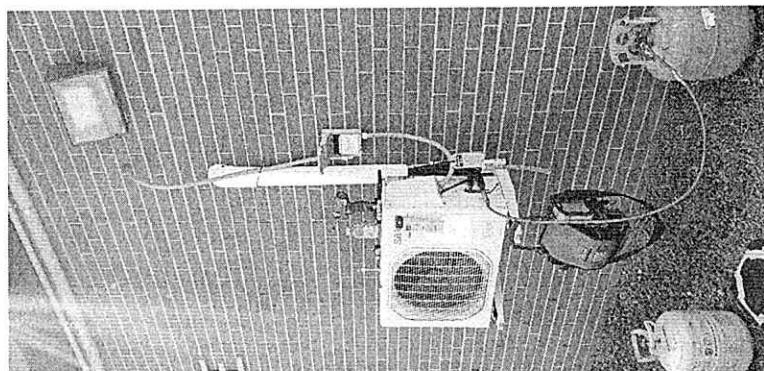
Attachments

| Title | File Name |
|--|--|
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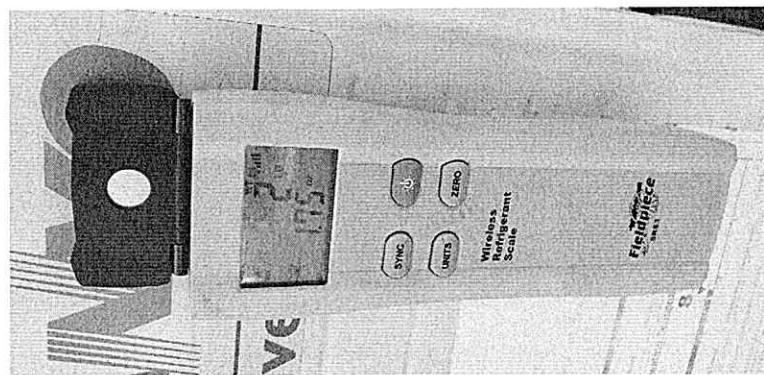
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6-1-23 Franklin rm 101 6-1-23 Franklin rm 101 split.pdf
split

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

FACID/Building: PA035 Date of Visit: 6/1/23

Contractor Personnel on Site:

1. Tom Timlin 2. _____

Work Performed:

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

1. _____

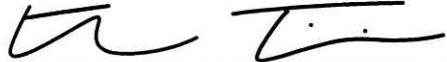
Service Calls – Service Call Number and Description

1. CSS# 93735. Diagnosed Rm. 101 mini split. Topped off unit until units replaced.
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Thomas Timlin Date: 6/1/23

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: Cynthia Croyle/ AFOS Date: 6/1/23

Signed: 

E-Mail: cynthia.a.croyle.ctr@army.mil