

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 Deep

DATE 9/25/24

POINT OF CONTACT: Scott

DESCRIPTION OF WORK PERFORMED upon arrival I meant with Scott, He showed me where the boiler was. After troubleshooting the boiler i found there is a failed high limit switch. I bypassed the switch to watch the boiler run. the system heated up to 110 degrees (infloor radiant) i also insured proper flow. (had flow out at the heating Manifolds). shut boiler off and reconnected the high limit switch. Sent the information into the office for a quote on the repairs

TOOLS USED handtools

MATERIALS USED OR high limit is being quoted
PICTURE OF TAG*

HOURS REGULAR:

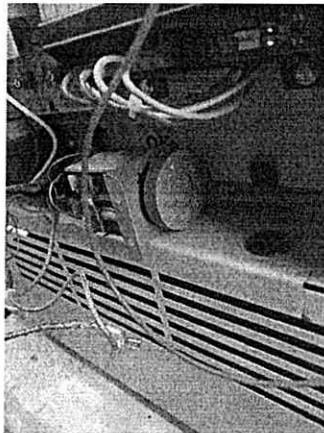
OVERTIME:

Before Picture

Before Picture

Camera 09/25/2024 08:06

AM.jpg



Attachments

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 Jake Deep
DATE 12/20/24
POINT OF CONTACT: Reginald
DESCRIPTION OF WORK PERFORMED Upon arrival, Scott let me into the mechanical room. I replaced the high limit switch on the Lochinvar boiler. ensured that the boiler cycled several times. checked out with Reginald and Scott upon departure.
TOOLS USED handtools
MATERIALS USED OR PICTURE OF TAG* 1) lochinvar high temperature limit
HOURS REGULAR:
OVERTIME:

Before Picture

Before Picture

Camera 12/20/2024 09:01

AM.jpg



After Picture

After Picture

Camera 12/20/2024 09:06

AM.jpg



Attachments

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

FACID/Building: PA Date of Visit: 9-25-24

Contractor Personnel on Site:

1. Jacob Deep 2. _____

Work Performed:

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

1. _____

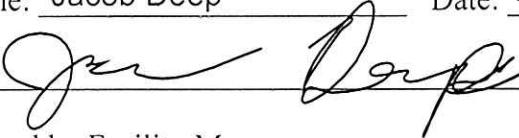
Service Calls – Service Call Number and Description

1. CSS# wo 16860 css 99037
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jacob Deep Date: 9-25-24

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: 2/22/23

Signed: 

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

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

FACID/Building: PA 209 Date of Visit: 12/20/24

Contractor Personnel on Site:

1. Jack Deep 2. _____

Work Performed:

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

1. _____

Service Calls – Service Call Number and Description

1. CSS# 99037 Replaced high limit switch
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jack Deep Date: 12/20/24

Signed: Jack Deep

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: Robert

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