



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 05-30-2023

POINT OF CONTACT: Reginald Cook

DESCRIPTION OF WORK PERFORMED leak searched unit and found leak around 90, recovered refrigerant, brazed leak, pressure tested lines, vacuumed down unit, charged unit to proper amount.

TOOLS USED hand tools, brazing torches, recovery equipment, guages, nitrogen regulator, recovery cylinder

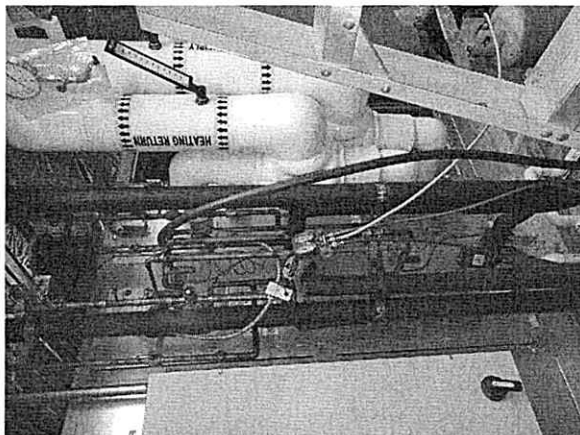
MATERIALS USED OR PICTURE OF TAG* nitrogen from van stock
acetylene from van stock
braze rod from van stock
5lbs of R438a provided from customer

HOURS REGULAR:2
OVERTIME:4



Attachments

Title	File Name
5-30-23 Fairview AHU-1 refrigerant leak	5-30-23 Fairview AHU-1 refrigerant leak.pdf
Work being performed	6ae96e65-98bb-4199-beef-8f9143844312.jpg



Leaking joint before

ceb5f270-08ee-43d4-8b47-5a5bdf546a87.jpg



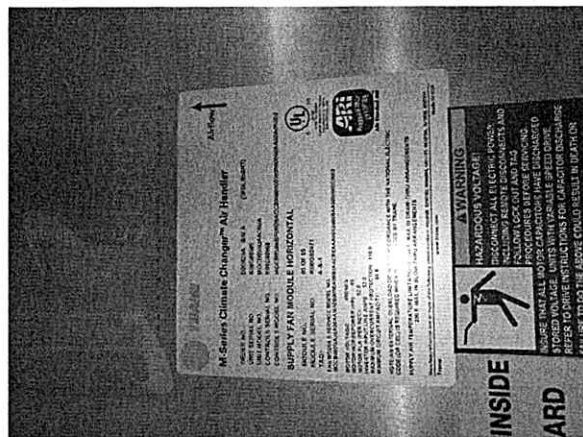
Leaking joint after

a009c130-b6a8-4130-bbbb-44ae99ed546b.jpg



Unit serial and model

c92cae77-3ec4-4c82-b0e6-01e4b29f5d1a.jpg



CERTIFICATION OF WORK

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

FACID/Building: PA209 Date of Visit: 5/30/2023

Contractor Personnel on Site:

1. JP Powell 2.

Work Performed:

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

1.

Service Calls – Service Call Number and Description

1. CSS# 93707 AHU-1 Leaking
2. CSS#
3. CSS#

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Nate Whitley Date: 5/31/2023

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