

CERTIFICATION OF WORK

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

FACID/Building: WV046 Date of Visit: 5/13/2025

Contractor Personnel on Site:

1. Tom 2. _____

Work Performed:

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

1. WO# 217963

Service Calls – Service Call Number and Description

1. CSS# 3030732 WO 18007
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jesse Biddle Date: 5/13/2025

Signed: 

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: Mike Dye Date: 5/13/2025

Signed: _____

E-Mail: _____

SERVICE REPORT

DATE 2025 5 13 ARRIVAL TIME 1:00pm DEPARTURE TIME 4:00pm JOB/TCK. NO. 217963

CUSTOMER P.O. NO. WV046 3030732

JOB NAME/LOCATION *USARC - Parkersburg WV046*

SERVICE REQUESTED (8) Investment is labor only to take Boiler #1 (S# F96-227) apart, thoroughly clean it, put it back together, Check

Manufacture: _____				
Model#: _____				
Serial#: _____				
Refrigerant Added:	Qty	lb	oz	TYPE
Refrigerant Removed:	Qty	lb	oz	TYPE

☐ Leak Tested

☐ Leak Found

☐ Leak Repaired

Method: _____

Total Charge: _____

WORK PERFORMED/UNIT INFO.

I finished tuning the boiler. I had issues with the gas pressure fluctuating that may be a part of a bigger issue. I ran fine and lit off every time I tested it but if we start having issues again we may need to change out the gas valve and install a drip leg in the gas piping.

NATURE OF WORK

Regular Service _____
Quoted Service _____
Start-up/Warranty _____
SPD _____
Contract Service _____
Energy Management _____

PARTS, MATERIALS AND SUBCONTRACTED SERVICES

[illegible]

SUMMARY OF TIME

[illegible]

JOB COMPLETE YES X NO _____ EXPLAIN _____

SIGNATURE _____

Customer Representative

CERTIFICATION OF WORK

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

FACID/Building: WV046 Date of Visit: 4/21/2025

Contractor Personnel on Site:

1. Jordan Koblentz 2. _____

Work Performed:

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

1. WO# 217962

Service Calls – Service Call Number and Description

1. CSS# FEMS 3030732 WO 18007
2. CSS# _____ Replaced the fan motor and blowr wheel in the Trane Wall-Mounted Heating unit CUH-2
(M# LB12A003, S# S90G-45677) located at the OMS Building.
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jordan Koblentz Date: 4/21/2025

Signed: 

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: dwayne felton Date: 4/21/2025

Signed: 

E-Mail: _____