

## 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# \_\_\_\_\_

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## 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: \_\_\_\_\_

CASTO TECHNICAL SERVICES, INC.

## SERVICE REPORT

DATE 2025 5 13 ARRIVAL TIME 1:00pm

DEPARTURE TIME 4:00pm

JOB/TICK 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**

## **SUMMARY OF TIME**

**JOB COMPLETE**

YES  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# \_\_\_\_\_

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**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: \_\_\_\_\_