

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

FACID/Building: WVUSARC 46

Date of Visit: 6/30- 7/1/2025

Contractor Personnel on Site:

1. Mike Dye

2. Jesse Biddle

Work Performed:

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

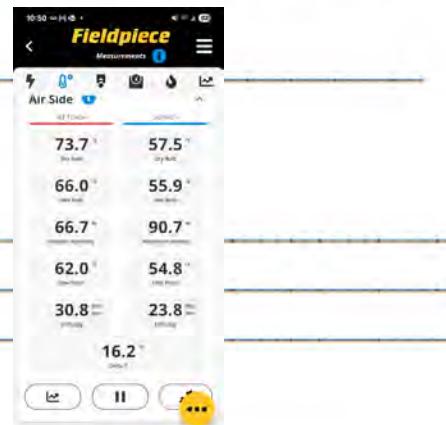
1. WO# 220590

Service Calls – Service Call Number and Description

1. CSS# 3114279 WO 19140

2. CSS#

3. CSS#



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jesse Biddle Date: 7/10/2025

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: 7/10/2025

Signed: 

E-Mail:

CASTO TECHNICAL SERVICES, INC.

SERVICE REPORT

DATE 2025 6 30 ARRIVAL TIME 10:30am

DEPARTURE TIME 5:00pm

JOB/TICK NO 220590

CUSTOMER P.O. NO. WV046 3114279

JOB NAME/LOCATION USARC - Parkersburg WV046

SERVICE REQUESTED (8) *Investment is to Recover existing Refrigerant, Braze in a new Joint, Pull of Vacuum, and correct the Charge on*

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 went and picked up a recovery cylinder and acetylene. I arrived onsite and checked in. I fixed a controls issue with both OMS buildings and training buildings that was holding off the other AC in the building. I pulled the charge and was able to fix the leaks without replacing the copper 90's. I leak checked and pulled a vacuum. it pulled down to 500 microns. I charged the unit and tested its operation. It was 90 degrees in the building but it was doing a 20 degree split across the coil. I will stop by tomorrow to check on the unit.

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 *I will check on the unit tomorrow.*

SIGNATURE _____

Customer Representative

CASTO TECHNICAL SERVICES, INC.

SERVICE REPORT

DATE 2025 7 7 ARRIVAL TIME 11:00am DEPARTURE TIME 12:00pm JOB/TCK. NO. 220590

DEPARTURE TIME 12:00pm JOB/TCK. NO. 220590

JOB/TCK. NO. 220590

CUSTOMER P.O. NO. WV046 3114279

JOB NAME/LOCATION USARC - Parkersburg WV046

SERVICE REQUESTED (8) *Investment is to Recover existing Refrigerant, Braze in a new Joint, Pull of Vacuum, and correct the Charge on*

Manufacture: _____	<input type="checkbox"/> Leak Found			
Model#: _____	<input type="checkbox"/> Leak Repaired			
Serial#: _____	Method: _____			
Refrigerant Added: _____	Qty _____	lb _____	oz _____	TYPE _____
Refrigerant Removed: _____	Qty _____	lb _____	oz _____	TYPE _____
Total Charge: _____				

WORK PERFORMED/UNIT INFO.

I stopped by to make sure everything was running fine and checked the unit. It was running good. I returned the recovery cylinder and dropped trash off at the storage building.

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 X NO _____ EXPLAIN _____

YES NO EXPLAIN _____

SIGNATURE _____

Customer Representative