

CERTIFICATION OF WORK

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

FACID/Building: WV046

Date of Visit: 6/2/2025

Contractor Personnel on Site:

1. Jordan Koblentz

2. _____

Work Performed:

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

1. WO# 217964

Service Calls – Service Call Number and Description

1. CSS# 3031236 WO 18488

2. CSS# _____

3. CSS# _____

Drove to Parkersburg USARC, checked in, went to the boiler room, removed the old control and installed the new one, wired in the pressure sensor and tank level sensor, wired in the power and started the controller, I found I was getting an alarm for no 4-20mA signal from the tank level sensor and it was saying level low, the tank had about 4" of glycol in it, I put another 5 gallon bucket of glycol that was customer supplied and 3 gallons of water to get the percentages correct, this did not fix it, I tried going through the configuration but everything looked alright, I called Tech support and once I was able to talk to them we trouble shooted the controller and found that the tank level sensor is not reading, I unplugged it for now as the pump will run without it but it doesnt know when the tank is empty and could burn up the pump, I will quote out a new sensor.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jordan Koblentz

Date: 6/2/2025

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: Timothy Gillenwalters

Date: 6/2/2025

Signed: _____



E-Mail: _____

CASTO TECHNICAL SERVICES, INC.

SERVICE REPORT

DATE 2025 6 2 ARRIVAL TIME 6:45AM DEPARTURE TIME _____ JOB/TCK. NO. 217964

CUSTOMER P.O. NO. _____

JOB NAME/LOCATION USARC - Parkersburg WV046SERVICE REQUESTED (4) Pricing verified 3/27 - Investment is to replace the Obsolete Controller on the Glycol Feeder located in the

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.

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NATURE OF WORK

Regular Service _____

Quoted Service _____

Start-up/Warranty _____

SPD _____

Contract Service _____

Energy Management _____

PARTS, MATERIALS AND SUBCONTRACTED SERVICES

QTY.	PART NO.	DESCRIPTION	P.L.	VENDOR	
1		Tax		Chase	253059
1		Estimated Freight		Chase	253059
1		GF-NANO-M Glycol Controller		Chase	253059

SUMMARY OF TIME

SERVICE TECHNICIAN	ON SITE REG.	ON SITE O.T.	REG. TRAVEL	O.T. TRAVEL	TOTAL HRS.	MEALS	LODGING	TOLLS	MILES	OTHER
1305 Jordan Koblentz	4				4					

JOB COMPLETE YES X NO _____ EXPLAIN _____SIGNATURE Tom D

Customer Representative

SERVICE REPORT

CUSTOMER P.O. NO. _____

SERVICE REQUESTED *BMA Building.*

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☐ Leak Found

☐ Leak Repaired

Method: _____

Total Charge: _____

but it doesnt know when the tank is empty and could burn up the pump, I will quote out a new sensor.

NATURE OF WORK

Regular Service _____

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SPD _____

Contract Service _____

Energy Management _____

[illegible][illegible]

SIGNATURE _____

Customer Representative