



## 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** Mike opatt

**DATE** 8/22/23

**POINT OF CONTACT:** cindy

**DESCRIPTION OF WORK PERFORMED** recovered 410 out of Panasonic mini split and removed from stand and wall. installed new mitsubishi mini split, ran new line set, installed high wall head on interior wall. nitrogen tested and pulled into a vacuum. opened valve and started unit. ensured unit was working properly.

**TOOLS USED** hand  
vacuum pump  
recovery machine

**MATERIALS USED OR PICTURE OF TAG\*** 1/4 & 3/8 mini split line set (po)

**HOURS** REGULAR:

OVERTIME:



## Attachments





## 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** Caleb McNany

**DATE** 10/6/23

**POINT OF CONTACT:** Cindy

**DESCRIPTION OF WORK PERFORMED** assisted Mike with mini split replacement

**TOOLS USED** hand tools

**MATERIALS USED OR PICTURE OF TAG\*** mikes daily

**HOURS** REGULAR:

OVERTIME:



## Attachments



CERTIFICATION OF WORK

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

FACID/Building: New Castle Date of Visit: 10/6/23

Contractor Personnel on Site:

1. Caleb McNany 2. Mike Opatt

**Work Performed:**

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

1. Replaced mini split for room 121

**Service Calls** – Service Call Number and Description

1. CSS# 51083  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Caleb McNany Date: 10/6/23

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