



## 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**      2/16/24

**POINT OF CONTACT:**      Reginald

**DESCRIPTION OF WORK PERFORMED**      gathered information on replacement

**TOOLS USED**      hand

**MATERIALS USED OR PICTURE OF TAG\***      na

**HOURS**      REGULAR:

   OVERTIME:



## Attachments



### CERTIFICATION OF WORK

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

FACID/Building: PA063 Date of Visit: 2/16/24

Contractor Personnel on Site:

1. Mike Opatt 2.

#### Work Performed:

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

1. Gathered information on replacement

#### Service Calls – Service Call Number and Description

1. CSS# 94970  
2. CSS#   
3. CSS#

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### CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Mike Opatt Date: 2/16/24

Signed: *Mike Opatt*

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: 2/16/24

Signed: 

E-Mail: scott.w.kowski.civ@army.mil



## 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** Jacob Powell

**DATE** 07-19-2024

**POINT OF CONTACT:** Cindy

**DESCRIPTION OF WORK PERFORMED** Arrived on site and found that the condenser that we are supposed to be replacing is the wrong voltage and we will need to order one that is for 115v. removed the old condenser and indoor unit until new one arrives then we will return to install new units.

**TOOLS USED** hand tools

**MATERIALS USED OR PICTURE OF TAG\*** n/a

**HOURS** REGULAR:  
OVERTIME:



## Attachments



## Service Items

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Labor	See attached pages for details of work performed.	\$0.00	Hour	1	N

**TOTAL\*:** \$0.00

\* Not including taxes



## Service Forms

### Daily Form

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**TECH NAME** Stephen Shipman

**DATE** 7-19-24

**POINT OF CONTACT:** Cindy

**DESCRIPTION OF WORK PERFORMED** Demoed old equipment from roof and inside room 118. Found we received the wrong voltage unit from supplier. Returned equipment to our shop and disposed of old equipment.

**TOOLS USED** Hand Tools

**MATERIALS USED OR** N/A

**PICTURE OF TAG\***

**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: 7-19-24

Contractor Personnel on Site:

1. Steve Shipman 2. Jacob Powell

**Work Performed:**

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

1. Mini split replacement

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

1. CSS# 15017 CSS- 94970  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

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CERTIFICATION OF WORK


To be signed by the Contractor:

Print Name: Steve Shipman Date: 7-19-24

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: 7-19-24

Signed: 

E-Mail: scott.w.kowski.civ@army.mil



## 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

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## Service Forms

### Daily Form

Fill out every day. even on PMs, and projects

**TECH NAME** Tim Diamond  
**DATE** 8/27/2024  
**POINT OF CONTACT:** Cindy  
**DESCRIPTION OF WORK PERFORMED** replaced minisplit in room 118. unit is running good  
also looked at the condenser for the ahu. found the unit to be tripped on system pressure. all pressure switches were good and once reset, the unit ran good. pressures and temperatures were spot on. After talking to the onsite contact, I believe that the ahu is shutting down too many dampers, causing the unit to lose the volume of air, and overcooling the duct and bypass loop. the condenser only has 1 stage of cooling, so it's either all on or off. I was told Cindy has the contact for the controls. we need to get in contact with them  
**TOOLS USED** handtools  
vacuum pump  
extension cords  
extension ladder  
6' ladder  
**MATERIALS USED OR PICTURE OF TAG\*** 1 condenser, fan Coil, lineset bought for job  
1 roof cap and witches hat from Warehouse  
1 tube clear silicone, 9' 12awg wire, rags, 1 3' nitrogen tank, from van  
15' 14/4 minisplit control wiring from shop  
**HOURS** REGULAR:  
OVERTIME:



## Attachments

**Title** 1000003692 08/27/2024 03:07 PM  
**File Name** e26bb893-b04c-45a9-9791-293ab2dd009d.jpg



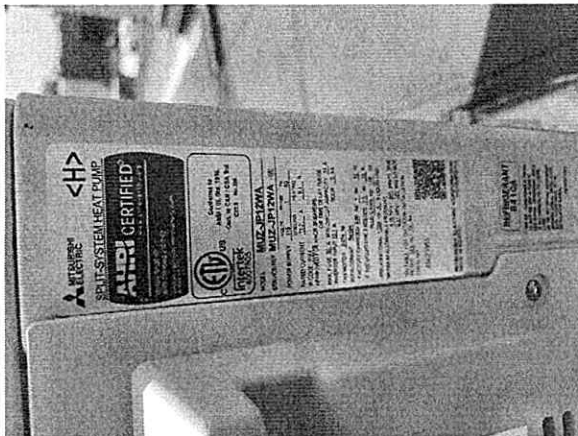
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03:07 PM

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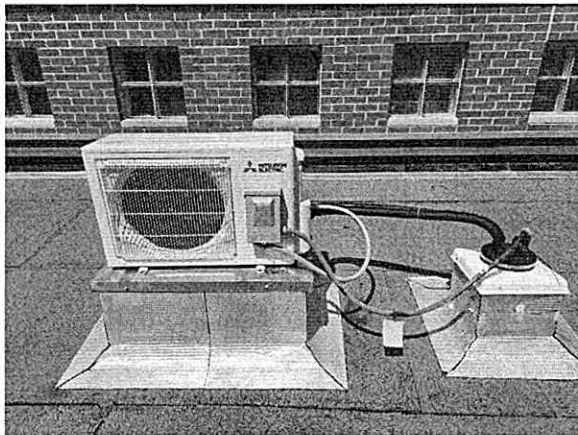
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03:07 PM

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1000003693 08/27/2024  
03:07 PM

ab70fb85-0bfe-4295-8dae-17c92bd4127c.jpg





## Service Items

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## Service Forms

### Daily Form

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**TECH NAME** Mark Collins

**DATE** 8/27/24

**POINT OF CONTACT:** Ron

**DESCRIPTION OF WORK PERFORMED** Assisted Tim in replacement of Mitsu Split unit for rm. 118.

**TOOLS USED** Hand Tools

**MATERIALS USED OR PICTURE OF TAG\*** See Tim's form

**HOURS** REGULAR:

OVERTIME:



## Attachments





CERTIFICATION OF WORK

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

FACID/Building: Lawrence County Date of Visit: 8/27/2024

Contractor Personnel on Site:

1. Tim Diamond 2. Mark Collins

**Work Performed:**

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

1. \_\_\_\_\_

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

1. CSS# 94970  
2. CSS# \_\_\_\_\_  
3. CSS# \_\_\_\_\_

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CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tim Diamond Date: 8/28/2024

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