

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# _____

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: Robert

E-Mail: scott.w.kawski.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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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

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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 PICTURE OF TAG* N/A
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

15017 CSS- 94970

1. CSS# _____
2. CSS# _____
3. CSS# _____

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.
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Print Name/Rank: Steve Shipman Date: 7-19-24

Signed: R. Shipman

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

Service Items

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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

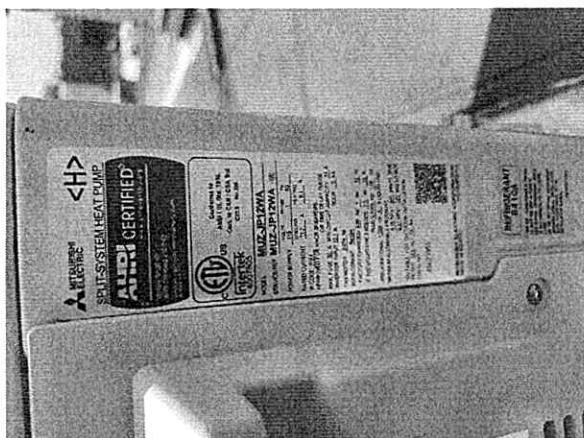
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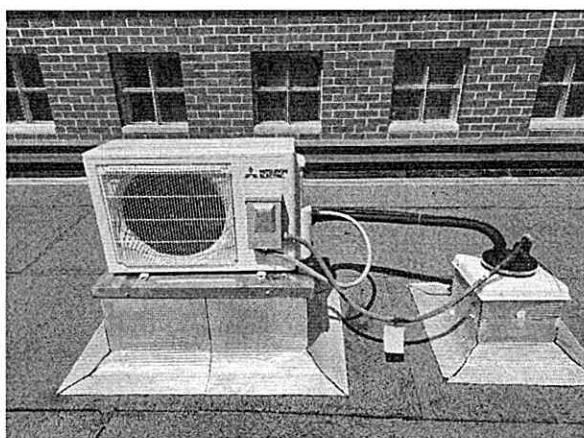
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TECH NAME Mark Collins
DATE 8/27/24
POINT OF CONTACT: Ron
DESCRIPTION OF WORK PERFORMED Assisted Tim in replacement of Mitsu Split unit for rm. 118.
TOOLS USED Hand Tools
MATERIALS USED OR PICTURE OF TAG* See Tim's form
HOURS REGULAR:
OVERTIME:

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# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: Tim Diamond

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.
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Print Name/Rank: _____ Date: _____

Signed: Robert

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