

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 06-10-2024
POINT OF CONTACT: Cindy
DESCRIPTION OF WORK PERFORMED looked over backflow and sent list into nate and ryan for what the materials are that the backflow is made out of.
TOOLS USED n/a
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: PA209 Date of Visit: 6/10/24

Contractor Personnel on Site:

1. Jacob Powell 2. _____

Work Performed:

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

1. Looked over backflow and sent list into office for what materials are that backflow is made out of

Service Calls – Service Call Number and Description

1. CSS# 98010
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jacob Powell Date: 6/10/24

Signed: Jacob Powell

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: Scott Kawski Date: 6/10/24

Signed: Scott Kawski

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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TECH NAME: Tim Diamond
DATE: 7/25/2024
POINT OF CONTACT: regina
DESCRIPTION OF WORK PERFORMED: came to rebuild backflow, found that I had the wrong parts. I called the supply store and got that issue squared away. they are going to send the correct parts and we will be back once they come in
TOOLS USED: backflow kit
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: PA209 Date of Visit: 7/25/24

Contractor Personnel on Site:

1. Tim Diamond 2. _____

Work Performed:

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

1. Came to rebuild backflow but had some wrong parts- called store and will return once correct arrive

Service Calls – Service Call Number and Description

1. CSS# 98010
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Tim Diamond Date: 7/25/24

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. 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: Scott Kawasaki Date: 7/25/24

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				

* Not including taxes



Service Forms

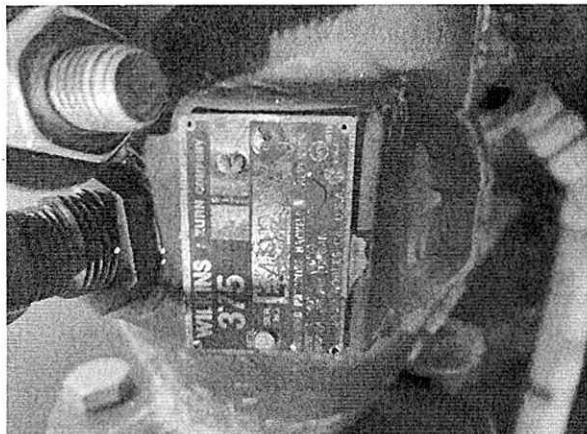
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TECH NAME Tim Diamond
DATE 8/28/2024
POINT OF CONTACT: Cindy
DESCRIPTION OF WORK PERFORMED rebuilt backflow and certified
TOOLS USED backflow kit
MATERIALS USED OR PICTURE OF TAG* rebuilt kit bought for job
HOURS REGULAR:
OVERTIME:

Before Picture

Before Picture

20240725_100704.jpg.jpg



After Picture

After Picture

20240828_134634.jpg.jpg



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				

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Service Forms

Daily Form Fill out every day, even on PMs, and projects

TECH NAME Mike opatt
DATE 8/28/24
POINT OF CONTACT: reginald
DESCRIPTION OF WORK PERFORMED helped with back flow
TOOLS USED hand
MATERIALS USED OR na
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: Fairview Date of Visit: 8/28/2024

Contractor Personnel on Site:

1. Tim Diamond 2. Mike Opatt

Work Performed:

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

1. _____

Service Calls – Service Call Number and Description

1. CSS# 98010
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.
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: Robert

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