

## CASTO TECHNICAL SERVICES, INC.

## SERVICE REPORT

DATE 2025 6 5 ARRIVAL TIME 11:00 DEPARTURE TIME 3:30 JOB/TCK. NO. 218742CUSTOMER P.O. NO. PO-00012170JOB NAME/LOCATION USARC - Galax VA033SERVICE REQUESTED (20) Investment is to replace the (3) Breakers that feed Lochinvar HW Heater #1 with (1) 100 AMP Breaker, and

|                      |     |    |    |      |
|----------------------|-----|----|----|------|
| 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.

*got parts at warehouse dropped off in Fayetteville storage unit.*

## 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 |  |
|------|----------|-------------|------|--------|--|
|      |          |             |      |        |  |
|      |          |             |      |        |  |
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|      |          |             |      |        |  |
|      |          |             |      |        |  |

## SUMMARY OF TIME

| SERVICE TECHNICIAN    | ON SITE REG. | ON SITE O.T. | REG. TRAVEL | O.T. TRAVEL | TOTAL HRS. | MEALS | LODGING | TOLLS | MILES | OTHER |
|-----------------------|--------------|--------------|-------------|-------------|------------|-------|---------|-------|-------|-------|
| 1459 Caden Washington | 4            | .50          |             |             | 4.5        |       |         |       |       |       |
|                       |              |              |             |             |            |       |         |       |       |       |
|                       |              |              |             |             |            |       |         |       |       |       |

JOB COMPLETE YES \_\_\_\_\_ NO X EXPLAIN \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Customer Representative