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SERVICE WORK ORDER

JOB NAME Wayne Community College		LOCATION Highway 70 East Bypass 0 Caller Box 8002 Goldsboro, NC		BILL PLAN Cont # 516 Std PM Contract/PM Parts Incl	
CUSTOMER KEY WAYCO	CUSTOMER NAME Wayne Community College			CUSTOMER P.O. NO. 20002263	
CONTACT Ed Farris		SALESMAN Mike Bradley		Effective Dates 07/01/03 06/30/04	
PHONE 919 735-5151		DUE DATE Winter		TECH. DON B	
MODEL NOS. 07HE 300-499 07HE032R00 Qty: 1		WORK SCH. SCHL BICLS4		ASST. TECH J21	
SERIAL NOS. N95K07191 ID #1		WORK CODE 270-Brush CIR/Heads by R33			
DESCRIPTION/MFG. Trade Centrifugal Water Cooled Chiller		R123/750# 41/47/10#/1200 85/95/23#/900			
NOTES DO NOT BILL CUSTOMER O.T.		UNIT/STARTER NAMEPLATE DATA 46ØVAC Y-DELTA			

COMP M/N S/N #1 _____ COMP M/N S/N #3 _____
 #2 _____ #4 _____

CHECKED ELECTRICAL CONNECTIONS IN STARTER, CONTROL + PURGE PANELS. MEG CHECKED COMPRESSOR + OIL PUMP MOTORS. VOLT + AMP CHECKED OIL PUMP MOTOR + OIL HEATER. CHECKED OPERATING + SAFETY CONTROLS. REPLACED OIL FILTER + PURGE DRIER CORES. BRUSHED CONDENSER TUBES.

NOTE: THE FOLLOWING DEFECTS NOTED (1) SHADED COIL RINGS ON CONTACTOR 2K1 LOOSE (NEED TO REPLACE MAGNET FRAME + ARMATURE) (2) CONTROL RELAY (CR) IN STARTER

PART# OR DESCRIPTION	WARR	QTY	PO# or TRK#	PART# OR DESCRIPTION	WARR	QTY	PO# or TRK#
FLR 1592		2	92	REAMATIC USE ^{GOLDSBORO} W/HOUSE		1	
COR ØØ19		2		BRV ØØ32		2	92
COR ØØ49		2		MISC EXPEND X 2		1	↓
GKT 1984		1	↓				

FOLLOW-UP ACTION REQUIRED: YES _____ NO _____ DESCRIPTION OF FOLLOW-UP ACTION REQUIRED: _____

Date	Prep Time	Travel Time	Job Site Time In	Job Site Time Out	Time on Job	Total Time	Labor Rate	Mileage	Motel Cost	Meals			Job Complete <input checked="" type="checkbox"/>
										B	L	D	
3-23-05			0700	1630	7.5	8.0	1.0	2.5					Incomplete <input type="checkbox"/>
					1.5	1.5	1.5						Attachment <input type="checkbox"/>
3-24			0700	1700				2.5					

CUST. SIGNATURE: [Signature] TECH SIGNATURE: [Signature] #92



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SERVICE WORK ORDER

JOB NAME Wayne Community College		LOCATION Highway 70 East Bypass 0 Caller Box 3002 Goldsboro, NC	BILL PLAN Cont # 516 Std PM Contract/PM Parts Incl
CUSTOMER KEY WAYCO	CUSTOMER NAME Wayne Community College	CUSTOMER P.O. NO. 20002263	DATE 01/21/04 W/O# 95384 DEBBIE
CONTACT Ed Farris	SALESMAN Mike Bradley	effective Dates 07/01/03 06/30/04	DUE DATE Winter TECH. DOM B
PHONE (919) 735-5151		WORK SCH. SCH1 BICDS4	ASST. TECH #21
MODEL NOS. CVHE 300-499 CVHE03200F QTY: 1		WORK CODE S/O-Brush CDS/Heads by RTS	
SERIAL NOS. N94001570 ID #2			
DESCRIPTION/MFG. Trane Centrifugal Water Cooled Chiller		R123/750# 50/41/6#/800 85/95/25#/900	
NOTES	UNIT/STARTER NAMEPLATE DATA 460 VAC Y-DELTA		

COMP M/N/S/N #1 _____ #2 _____

COMP M/N/S/N #3 _____ #4 _____

CHECKED ELECTRICAL CONNECTION IN STARTER, CONTROL + PURGE PANELS. NEG CHECKED COMPRESSOR + OIL PUMP MOTORS. VOLT + AMP CHECKED OIL PUMP MOTOR + OIL HEATER, CHECKED OPERATING + SAFETY CONTROLS. REPLACED OIL FILTER + PURGE DRIER CORES. BRUSHED CONDENSER TUBES

NOTE: THE FOLLOWING DEFECTS NOTED ① SHADED COIL TRINGS ON CONTACTOR 2K1 LOOSE (NEED TO REPLACE MAGNET + FRAME + ARMATURE)

PART# OR DESCRIPTION	WARR	QTY	PO# or TRK#	PART# OR DESCRIPTION	WARR	QTY	PO# or TRK#

FOLLOW-UP ACTION REQUIRED: YES _____ NO _____ DESCRIPTION OF FOLLOW-UP ACTION REQUIRED: _____

Date	Prep Time	Travel Time	Job Site Time In	Job Site Time Out	Time on Job	Total Time	Labor Rate	Mileage	Motel Cost	Meals			Job Complete <input checked="" type="checkbox"/>
										B	L	D	
SEE PAGE 1 of 7 FOR JOB TIMES, PARTS USED + SIGNATURES													Incomplete <input type="checkbox"/>
													Attachment <input type="checkbox"/>

CUST. SIGNATURE: _____ TECH SIGNATURE: _____



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SERVICE WORK ORDER

DATE 03/09/04 W/O# 97159 DEBBIE

JOB NAME <u>Wayne Community College</u>		LOCATION <u>Highway 70 East Bypass</u> <u>0 Caller Box 8002 Goldsboro, NC</u>	BILL PLAN <u>Cont # 1222</u> <u>Std PM Contract/PM Parts Incl</u>
CUSTOMER KEY <u>WAYCO</u>	CUSTOMER NAME <u>Wayne Community College</u>		CUSTOMER P.O. NO. <u>P0002280</u>
CONTACT <u>Ed Farris</u>	SALESMAN <u>Mike Bradley</u>	Effective Dates <u>09/01/03 06/30/04</u>	DUE DATE <u>Spring</u>
PHONE <u>(919) 735-5151</u>		WORK SCH. <u>SCH2</u>	TECH. <u>DON B</u>
MODEL NOS. RAUC <u>RAUC0604CU</u>	QTY: <u>1</u>	WORK CODE <u>FM/Chng Filters/Clean Both Coils</u>	ASST. TECH
SERIAL NOS. <u>C00D09868</u>			
DESCRIPTION/MFG. <u>Trane Split System</u>			
NOTES <u>2-5 yr compressor parts warranty 11/1/02-11/1/05</u>		UNIT/STARTER NAMEPLATE DATA <u>Contract includes annual belt change (if required), belts ARE included.</u>	

COMP M/N S/N #1 _____ #3 _____
 #2 _____ #4 _____

CHECKED ELECTRICAL CONNECTIONS, REG + AMP, CHECKED COMPRESSORS + CRANK CASE HEATERS. LEAK CHECKED W/IT. CLEANED CONDENSER COILS.

NOTE: (1) LEAK ON CIRCUIT #2 LIQUID LINE CHECK VALVE. REPAIRED ON W/O # 100681
(2) LEAK ON CIRCUIT #1 LIQUID LINE AT AIR HANDLER. RECOMMEND REPAIRING LEAK.

PART# OR DESCRIPTION	WARR	QTY	PO# or TRK#	PART# OR DESCRIPTION	WARR	QTY	PO# or TRK#
<u>MISC EXPEND</u>		<u>1</u>	<u>92</u>				

FOLLOW-UP ACTION REQUIRED: YES _____ NO _____ DESCRIPTION OF FOLLOW-UP ACTION REQUIRED:

Date	Prep Time	Travel Time	Job Site Time In	Job Site Time Out	Time on Job	Total Time	Labor Rate	Mileage	Motel Cost	Meals			Job Complete <input type="checkbox"/>
										B	L	D	
<u>5-24</u>	<u>X</u>	<u>X</u>	<u>0630</u>	<u>0930</u>	<u>3.0</u>	<u>3.0</u>	<u>1.0</u>	<u>30</u>					Incomplete <input checked="" type="checkbox"/>
													Attachment <input type="checkbox"/>

CUST. SIGNATURE: Ed Farris 24 May 04 TECH SIGNATURE: Don Bradley #92



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SERVICE WORK ORDER

DATE 03/17/04 W/O# 97783 DEBBIE

Form containing job details: JOB NAME (Wayne Community College), LOCATION (Highway 70 East Bypass), BILL PLAN (Cont # 516), CUSTOMER KEY (WAYCO), CUSTOMER NAME (Wayne Community College), CUSTOMER P.O. NO. (20002263), CONTACT (Ed Farris), SALESMAN (Mike Bradley), Effective Dates (07/01/03 06/30/04), DUE DATE (Spring), TECH. (DON B), PHONE ((919) 735-5151), MODEL NOS. (CVHE 300-499, CVHE032R00), SERIAL NOS. (N96K07191), DESCRIPTION/MFG. (Trane Centrifugal Water Cooled Chiller), and NOTES (checked electrical connections, etc.).

COMP M/N S/N #1, #2, #3, #4

Handwritten notes: CHECKED ELECTRICAL CONNECTIONS, CHECKED OPERATING PRESSURES + TEMPERATURES, CHECKED WATER FLOW THRU CONDENSER + EVAPORATOR. CHECKED COMPRESSOR MOTOR, OIL PUMP + OIL HEATER FOR VOLTS + AMPS. CHECKED PURGE OPERATION. NOTE: EVAPORATOR INSULATION OVERDUE CHANGE

Table with 4 columns: PART# OR DESCRIPTION, WARR, QTY, PO# or TRK#. Row 1: MISC EXPEND, 1, 92.

FOLLOW-UP ACTION REQUIRED: YES NO DESCRIPTION OF FOLLOW-UP ACTION REQUIRED:

Table with columns: Date, Prep Time, Travel Time, Job Site Time In, Job Site Time Out, Time on Job, Total Time, Labor Rate, Mileage, Motel Cost, Meals (B, L, D), Job Complete (checked), Incomplete, Attachment.

CUST. SIGNATURE: Ed Farris TECH SIGNATURE: Don B #92



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SERVICE WORK ORDER

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DATE 03/17/04 W/O# 97783 DEBBIE

Community College		LOCATION Highway 70 East Bypass	BILL PLAN Cont # 516
0 Caller Box 9002 Goldsboro, NC		Std PM Contract/PM Parts Incl	
WAYCO	CUSTOMER NAME Wayne Community College	CUSTOMER P.O. NO. 20002263	
ACT Farris	SALESMAN Mike Bradley	Effective Dates 07/01/03 06/30/04	DUE DATE Spring
PHONE (919) 735-5151		WORK SCH. SCH1 B3	TECH. DON B
MODEL NOS. CVHE 300-499		WORK CODE Running PM/No Oil Sample	ASST. TECH
CVHE03200P	Qty: 1		
SERIAL NOS. N94C01570	ID #2		
DESCRIPTION/MFG. Trane Centrifugal Water Cooled Chiller		R123/750# 50/41/6#/800 85/95/25#/900	
NOTES		UNIT/STARTER NAMEPLATE DATA 460 VAC Y-DELTA	

COMP M/N S/N #1 _____ #3 _____
 #2 _____ #4 _____

CHECKED ELECTRICAL CONNECTIONS. CHECKED OPERATING PRESSURES + TEMPERATURES. CHECKED WATER FLOW THRU CONDENSER + EVAPORATOR. CHECKED COMPRESSOR MOTOR, OIL PUMP + OIL HEATER FOR VOLTS + AMPS. CHECKED PURGE OPERATION.

NOTE: ① CHILLER INSULATION OVERDUE CHANGE.
 ② MINOR OIL LEAK AT OIL REGULATOR TO OIL FILTER PIPING.
 ③ START COUNTER + HOUR METER BAD

PART# OR DESCRIPTION	WARR	QTY	PO# or TRK#	PART# OR DESCRIPTION	WARR	QTY	PO# or TRK#

FOLLOW-UP ACTION REQUIRED: YES _____ NO _____ DESCRIPTION OF FOLLOW-UP ACTION REQUIRED:

Date	Prep Time	Travel Time	Job Site Time In	Job Site Time Out	Time on Job	Total Time	Labor Rate	Mileage	Motel Cost	Meals			Job Complete <input checked="" type="checkbox"/> Incomplete <input type="checkbox"/> Attachment <input type="checkbox"/>	
										B	L	D		
SEE PAGE 1 OF 5 FOR														
JOB TIMES, FARRIS USED														
+ SIGNATURES														

CUST. SIGNATURE: _____ TECH SIGNATURE: _____



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SERVICE WORK ORDER

DATE 05/13/04 W/O# 100373 DEBBIE

JOB NAME Wayne Community College LOCATION Highway 70 East Bypass BILL PLAN Cont # 1222

0 Caller Box 8002 Goldsboro, NC Std PM Contract/PM Parts Incl

CUSTOMER KEY WAYCO CUSTOMER NAME Wayne Community College CUSTOMER P.O. NO. P0002279

CONTACT Ed Farris SALESMAN Mike Bradley Effective Dates 09/01/03 06/30/04 DUE DATE Summer TECH. DON B

PHONE (919) 735-5151 WORK SCH. SCH2 PM ASST. TECH. edfarris

MODEL NOS. RAUC WORK CODE SCH2 PM ASST. TECH. edfarris

RAUCC604CU QTY: 1 Maint Inspection per Schedule

SERIAL NOS. C00D09868

DESCRIPTION/MFG. Trane Split System

NOTES Contract includes annual belt change (if required), belts ARE included. UNIT/STARTER NAMEPLATE DATA 2-5 yr compressor parts warranty 11/1/02-11/1/05

COMP M/N S/N #1 _____ COMP M/N S/N #3 _____

#2 _____ #4 _____

~~Checked ELECTRICAL CONNECTIONS, checked OPERATING TEMPERATURES, checked UNIT OPERATION.~~

NOTE: SMALL REFRIGERANT LEAK ON CIRCUIT #1 (LIQUID LINE ELBOW) INSIDE BUILDING NEAR A.H.U. RECOMMEND REPAIRING LEAK

PART# OR DESCRIPTION	WARR	QTY	PO# or TRK#	PART# OR DESCRIPTION	WARR	QTY	PO# or TRK#

FOLLOW-UP ACTION REQUIRED: YES _____ NO _____ DESCRIPTION OF FOLLOW-UP ACTION REQUIRED: _____

Date	Prep Time	Travel Time	Job Site Time In	Job Site Time Out	Time on Job	Total Time	Labor Rate	Mileage	Motel Cost	Meals			Job Complete <input checked="" type="checkbox"/>
										B	L	D	
8-30	 	 	<u>1600</u>	<u>1700</u>	<u>1.0</u>	<u>1.0</u>	<u>1.0</u>	<u>10</u>				Incomplete <input type="checkbox"/>	
												Attachment <input type="checkbox"/>	

CUST. SIGNATURE: Ed Farris 5/24/04 TECH SIGNATURE: Don Bradley #92

(Rev. 7/25/03)



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SERVICE WORK ORDER

DATE 08/09/04 W/O# 104788 DEBBIE

JOB NAME: Wayne Community College LOCATION: Highway 70 East Bypass BILL PLAN: Cont # 1222
 0 Caller Box 2002 Goldsboro, NC Std PM Contract/PM Parts Inc!

CUSTOMER KEY: WAYCO CUSTOMER NAME: Wayne Community College CUSTOMER P.O. NO.: P0002280

CONTACT: Ed Farris SALESMAN: Mike Bradley Effective Dates: 07/01/04 - 06/30/05 DUE DATE: Fall TECH: DON B

PHONE: (919) 735-5151 () WORK SCH. WORK CODE: SCH2 PM ASST. TECH:

MODEL NOS.: RAUC SERIAL NOS.: RAUCRA04CU vty: 1 DESCRIPTION/MEG: Trane Split System

NOTES: Contract includes annual belt change (if required), belts ARE included. UNIT/STARTER NAMEPLATE DATA: 2-yr compressor parts warranty 11/1/02-11/1/05

Maint Inspection per Schedule

COMP M/N/S/N #1 _____ #3 _____
 #2 _____ #4 _____

CHECKED ELECTRICAL CONNECTIONS, CHECKED OPERATING PRESSURES + TEMPERATURES, CHECKED UNIT OPERATION

PART# OR DESCRIPTION	WARR	QTY	PO# or TRK#	PART# OR DESCRIPTION	WARR	QTY	PO# or TRK#

FOLLOW-UP ACTION REQUIRED: YES _____ NO _____ DESCRIPTION OF FOLLOW-UP ACTION REQUIRED:

Date	Prep Time	Travel Time	Job Site Time In	Job Site Time Out	Time on Job	Total Time	Labor Rate	Mileage	Motel Cost	Meals			Job Complete <input type="checkbox"/>
										B	L	D	
see page 1 of 2 for											Incomplete <input checked="" type="checkbox"/> Attachment <input type="checkbox"/>		
JOB TIMES + SIGNATURES													
+ PARTS USED													

CUST. SIGNATURE: _____ TECH SIGNATURE: _____



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SERVICE WORK ORDER

DATE 09/27/04 W/O# 106653 DEBBIE

JOB NAME Wayne Community College		LOCATION Highway 70 East Bypass 0 Caller Box 8002 Goldsboro, NC		BILL PLAN Cont # 516 Std PM Contract/PM Parts Incl	
CUSTOMER KEY WAYCO	CUSTOMER NAME Wayne Community College			CUSTOMER P.O. NO. WYCCP0003409	
CONTACT Ed Farris		SALESMAN Mike Bradley		Effective Dates 07/01/04 - 06/30/05	
PHONE (919) 735-5151		DUE DATE Fall		TECH. DON B	
MODEL NOS. CVHE 300-499 CVHE032R00 Qty: 1		WORK SCH. SCH1 B4		ASST. TECH. XXXXXXXXXX	
SERIAL NOS. N96R07191 ID #1		Running PM/Take Oil Sample			
DESCRIPTION/MFG. Trane Centrifugal Water Cooled Chiller 300-499 ton		R123/750# 41/47/10#/1200 85/95/23#/900			
NOTES		UNIT/STARTER NAMEPLATE DATA 460VAC Y-DELTA			

COMP M/N S/N #1 _____ #2 _____ COMP M/N S/N #3 _____ #4 _____

CHECKED ELECTRICAL CONNECTIONS. CHECKED OPERATING PRESSURES + TEMPERATURES. CHECKED WATER FLOW THRU CONDENSER + EVAPORATOR. CHECKED VOLTS + AMPS ON COMPRESSOR MOTOR, OIL PUMP MOTOR + OIL HEATER. CHECKED PURGE OPERATION. TOOK OIL SAMPLE.

NOTE: ① CHILLER INSULATION OVERDUE CHANGE
② EXCESSIVE PURGE PUMPOUT MINUTES - 568 MINUTES IN 65 DAYS. NEED TO LEAK CHECK CHILLER (SCHED. 11-504)

PART# OR DESCRIPTION	WARR	QTY	PO# or TRK#	PART# OR DESCRIPTION	WARR	QTY	PO# or TRK#
OIL SAMPLE		2	92				
FRT CHARGE (OIL SAMPLE)		1	↓				
MISC EXPEND		1	↓				

FOLLOW-UP ACTION REQUIRED: YES _____ NO _____ DESCRIPTION OF FOLLOW-UP ACTION REQUIRED:

Date	Prep Time	Travel Time	Job Site Time In	Job Site Time Out	Time on Job	Total Time	Labor Rate	Mileage	Motel Cost	Meals			Job Complete <input checked="" type="checkbox"/> Incomplete <input type="checkbox"/> Attachment <input type="checkbox"/>
										B	L	D	
11-3	X	X	0700	1700	6.0 1.0	6.0 1.0	1.0 1.5	25					

CUST. SIGNATURE: Ed Farris 3/27/04 TECH SIGNATURE: Don B... #92



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SERVICE WORK ORDER

DATE 09/27/04 W/O# 106653 DEEBIE

Customer: Wayne Community College		LOCATION: Highway 70 East Bypass 0 Caller Box 8002 Goldsboro, NC	BILL PLAN: Std PM Contract/PM Parts Incl	Cont #: 516
MER: WAYCO	CUSTOMER NAME: Wayne Community College	CUSTOMER P.O. NO.: WYCCP0003409		
FACT: J. Parris	SALESMAN: Mike Bradley	Effective Dates: 07/01/04 - 06/30/05	DUE DATE: Fall	TECH: DON B
PHONE: (919) 735-5151	WORK SCH: SCH1 B4	ASST. TECH: 		
MODEL NOS. CVHE 300-499 CVHE03200P Qty: 1	WORK CODE: Running PM/Take Oil Sample			
SERIAL NOS. N94CQ1570 ID #2	R123/750# 50/41/6#/800 85/95/25#/900			
DESCRIPTION/MFG: Trane Centrifugal Water Cooled Chiller 300-499 ton	UNIT/STARTER NAMEPLATE DATA: 460 VAC Y-DELTA			
NOTES:				

COMP M/N S/N #1 _____ #3 _____
 #2 _____ #4 _____

CHECKED ELECTRICAL CONNECTIONS. CHECKED OPERATING PRESSURES + TEMPERATURES. CHECKED WATER FLOW THRU CONDENSER + EVAPORATOR. CHECKED VOLTS + AMPS ON COMPRESSOR MOTOR, OIL PUMP MOTOR + OIL HEATER. CHECKED PURGE OPERATION. TOOK OIL SAMPLE.

NOTE: (1) CHILLER INSULATION OVERDUE CHANGE
(2) START COUNTER + HOUR METER BAD. NEED TO REPLACE

PART# OR DESCRIPTION	WARR	QTY	PO# or TRK#	PART# OR DESCRIPTION	WARR	QTY	PO# or TRK#

FOLLOW-UP ACTION REQUIRED: YES _____ NO _____ DESCRIPTION OF FOLLOW-UP ACTION REQUIRED: _____

Date	Prep Time	Travel Time	Job Site Time In	Job Site Time Out	Time on Job	Total Time	Labor Rate	Mileage	Motel Cost	Meals			Job Complete <input checked="" type="checkbox"/> Incomplete <input type="checkbox"/> Attachment <input type="checkbox"/>	
										B	L	D		
SEE PAGE 1 of 5 FOR JOB TIMES,														
PARTS USED + SIGNATURES														

CUST. SIGNATURE: _____ TECH SIGNATURE: _____