



4125

Energy Management Technologies, LLC
Service 518-631-6004 Main 518-783-7810 Fax 518-783-2079

FIELD REPORT

Location Name / Address <i>Schenectady, Am/Reserve</i>		Bill To <i>CS# 19373</i>	Date <i>6-19-19</i>
Contact / Phone		Service Contract #	Installed Contract #
		Technician Code	
<input type="checkbox"/> Contract <input checked="" type="checkbox"/> T & M <input type="checkbox"/> Quoted <input type="checkbox"/> Warranty <input type="checkbox"/> Sales Support <input type="checkbox"/> Material Sale Only			

Problem Description:

JOBSITE SAFETY CHECKLIST		WORK PERFORMED							
<input type="checkbox"/> Electrical Shock Hazards <input type="checkbox"/> Confined Space <input type="checkbox"/> Inadequate Ventilation <input type="checkbox"/> Water/Oil/Other Liquids on Floor <input type="checkbox"/> Trip or Fall Hazards <input type="checkbox"/> Fire or Explosive Hazards <input type="checkbox"/> Site Checked		<i>Cleaned out Tower, filled & cycled gas Normal fa> The AHU not cooling, BOTH HP'S @ BACK of UNIT in FAULT, fa> BOTH COMPRESSOR CONTACTORS BROKEN. SINGLE PHASING. 2 CONTACTORS ON ORDER - Replace BOTH COMPRESSOR CONTACTORS @ AHU 1 AND 2 @ BOTH COMPRESSORS ARE 16.8-17.3-16.6 - filled glycol storage TANK mixed TO -13°</i>							
REFRIGERANT ACTIVITY									
Did Refrigerant Activity occur?									
<input type="checkbox"/> Yes If yes, a Refrigerant Activity <input type="checkbox"/> No Report Must be completed									
SERVICE EXPENSE		PARTS and MATERIAL							
PARTS, MATERIAL SOURCE		Source	Qty	Part #	Description		PO #		
<input type="checkbox"/> CS Customer Supplied <input type="checkbox"/> PC Procurement/Cash <input type="checkbox"/> TS Truck <input type="checkbox"/> TP EMTech Parts <input type="checkbox"/> VP Vendor Purchase		<i>UP</i>	<i>2</i>	<i>3pole contactors</i>					
		<i>UP</i>	<i>2</i>	<i>5GALLON GLYCOL</i>					
EXPENSE TYPE (CHECK ALL THAT APPLY)									
<input type="checkbox"/> Sm Recovery Sys <input type="checkbox"/> Lg Recovery Sys <input type="checkbox"/> Vacuum Pump <input type="checkbox"/> Welder <input type="checkbox"/> Tube Brush Unit <input type="checkbox"/> Technology Charge <input type="checkbox"/> Fuel Charge <input type="checkbox"/> Environment Fee <input checked="" type="checkbox"/> Trip Charge <input type="checkbox"/> Pressure Washer <input checked="" type="checkbox"/> Mileage <input checked="" type="checkbox"/> Misc. Supplies									
LABOR									
		Date	Name		DDC (Tech)	MS (Mech)	Reg/Other Time	Over Time	Double Time
		<i>6-19-19</i>	<i>Mile 3</i>			<i>+</i>	<i>3</i>		
		<i>6-24-19</i>	<i>Mile 3</i>			<i>+</i>	<i>5.5</i>		

Follow-up Required? Yes No DescribeCustomer Signature
*Mile 3*Date
6-24-19 PO #