



5735

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

FIELD REPORT

Location Name / Address Kottodan Ave /		Bill To		Date 9.17.20			
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		Worked with Bale inspector on Bale 1 & 2 GPS WORK					
<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							
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							
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 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
	9.17.20	Mice		x	4.5	1.5	
Follow-up Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe							
Customer Signature			Date	PO #			
			9.17.20				

White - EMTech

Yellow - Processing

Pink - Customer

Services described were performed as part of the terms of this document

Ref No: 0-01