



4324

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

## FIELD REPORT

Location Name / Address <i>Army Saenger Trees</i>	Bill To	Date <i>8-7-19</i>
Contact / Phone <i>(EMI)</i>	Service Contract # <i>CSA 20170</i>	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	<i>Fog 2nd 1st fire Server Rm A/C with a trip breaker Reset, fog crkt 1 compressor with 460 03ph @ compressor (Bad compressor) fog crkt 2 low on charge. 2nd fire Server Rm fog the condenser coil solid with GRASS &amp; pollin. cleaned coil. The crkt is low on charge - CHARGE CRKT 2 (Large Liebert) with 407-C, sur. psi @, 55 dis psi @ 310 Td. EPRU valve seems broken oil is leaking out of threads.</i>		
<input type="checkbox"/> Inadequate Ventilation	<input type="checkbox"/> Water/Oil/Other Liquids on Floor	<i>charge smaller liebert with 407-C sur. psi @ 66 dis psi @ 290 No leak found either unit.</i>		
<input type="checkbox"/> Trip or Fall Hazards	<input type="checkbox"/> Fire or Explosive Hazards	<i>407-C</i>		
<input type="checkbox"/> Site Checked		PARTS and MATERIAL		
REFRIGERANT ACTIVITY		Source	Qty	Part #
<input type="checkbox"/> Yes If yes, a Refrigerant Activity Report Must be completed	<input type="checkbox"/> No	<i>UP</i>	<i>1</i>	<i>TANK 407-C</i>
SERVICE EXPENSE				
PARTS, MATERIAL SOURCE		Source	Qty	Part #
<input type="checkbox"/> CS Customer Supplied		<i>UP</i>	<i>1</i>	<i>TANK 407-C</i>
<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 type="checkbox"/> Misc. Supplies				
LABOR				
Date	Name	DDC (Tech)	MS (Mech)	Reg/Other Time
<i>8-7-19</i>	<i>Mike</i>	<i>X</i>	<i>3.5</i>	
<i>8-15-19</i>	<i>Mike</i>	<i>X</i>	<i>8</i>	
<i>8-15-19</i>	<i>DAVE OGDEN</i>	<i>X</i>	<i>1</i>	

Follow-up Required?  Yes  No DescribeCustomer Signature  
*Mike Morris*Date *8-15-19* PO #