

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY 60 Schenectady Date of Visit: 10-29-19

Contractor Personnel on Site:

- | | |
|--------------------|----------|
| 1. <u>Mice D.</u> | 4. _____ |
| 2. <u>Blake S.</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- | | |
|---------------|-------|
| 1. <u>N/A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Inspection, Testing, and Certification

- | | |
|---------------|-------|
| 1. <u>N/A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Other Recurring Services

- | | |
|---------------|-------|
| 1. <u>N/A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Service Calls – Service Call Number and Description

- | | |
|---|-------|
| 1. <u>CSS# 19953 DOM Hot water boiler in Agew</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

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Over and Above Repair Work – Order Number and Description of Work Completed

for Boiler in (Flue Top Diff Lock) Alarun
ohm's at sensor, for sensor with lower resistance
than required @ 70°F. NEW sensor on order

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

Michael Dull

Date:

10-29-19

Signed:

[Signature]

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank:

Mike Mosenman

Date:

10-29-19

Signed:

[Signature]

E-Mail:

mmosenman115@gmail.com

4694

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY060 Schenectady Date of Visit: 11-18-19

Contractor Personnel on Site:

- | | |
|------------------|----------|
| 1. <u>Mike D</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- | | |
|---------------|-------|
| 1. <u>N/A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Inspection, Testing, and Certification

- | | |
|---------------|-------|
| 1. <u>N/A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Other Recurring Services

- | | |
|---------------|-------|
| 1. <u>N/A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Service Calls – Service Call Number and Description

- | | |
|----------------------|---|
| 1. <u>CSS# 19953</u> | <u>Replaced broken fire trap sensor</u> |
| 2. _____ | _____ |
| 3. _____ | _____ |

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Over and Above Repair Work -- Order Number and Description of Work Completed

CSS 19953 Replaced Bro/Con Fire Temp Sensor
Sent the unit 10VDC cps Normal

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: W Dull Date: 11-18-19

Signed: [Signature]

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Mike Moseman Date: 11/18/19

Signed: [Signature]

E-Mail: Michael.Moseman.ctr@mail.M.I.



4694

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

FIELD REPORT

Location Name / Address <i>Schoenaday Army</i>		Bill To		Date <i>10-29-19</i>			
Contact / Phone <i>CSS# 19953</i>		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		<i>For the Lachman OK. Downed WATER HEATER in "Five Temp Diff Larkat" OHmed at Sensor - failed. new Temp Sensor on order.</i>					
<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		<i>INSTALLED NEW FIVE Temp Sensor, GAVE THE UNIT @ 10VDC SIGNAL OPS NORMAL</i>					
<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
	10-29-19	Mike D.		x	2		
	10-29-19	Blake S.		x	2		
	11-18-19	Mike D.		x	4		
Follow-up Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe							
Customer Signature <i>[Signature]</i>			Date <i>11-18-19</i>		PO #		