

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: 10-29-19

Contractor Personnel on Site:

1. Mike D.
2. BLAKE S.
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. N/A
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. N/A
2. _____
3. _____
4. _____

Other Recurring Services

1. N/A
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. CSS# 19953 Dom Hot water Boiler in Annex
2. _____
3. _____

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

fan boiler in five top diff lacket alarm
ohm's at sensur, fan sensur with lower resistance
Plan required @ 70°f. new sensur on order

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Dull Date: 10.29.19
Signed: m Dull

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 Mosenian Date: 10.09.19
Signed: Mike Mosenian
E-Mail: mosenian115@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 Scherzer

Date of Visit: 11-18-19

Contractor Personnel on Site:

1. Mike
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. N/A
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. N/A
2. _____
3. _____
4. _____

Other Recurring Services

1. N/A
2. _____
3. _____
4. _____

Service Calls - Service Call Number and Description

1. CSST#19953 Replaced broken fire trap Sensor
2. _____
3. _____

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

CSS 19953 Replaced Broken PUE Temp Sensor
Set Td unit 10VDC cps Normal

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: M. Dull Date: 11-18-19
Signed: m/ Dull

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: Mike Moseman
E-Mail: Michael.Moseman.ctr@mail.mil



4694

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

FIELD REPORT

| | | |
|--|---|----------------------|
| Location Name / Address <i>Schenectady 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 <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>For Dlo Lachman OX1. Dismantled Water Heater in "Five Top Diff LockAT" ohmed at Sensor - failed. New Temp Sensor on order.</i> <i>INSTALLED new STETP Sensor, Gave the unit @10VDC signal over Netaural</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 | | | | | | | | |
| 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 |
| <i>10-29-19</i> | | <i>Mike D.</i> | | | <i>x</i> | <i>2</i> | | |
| <i>10-29-19</i> | | <i>Blair S.</i> | | | <i>x</i> | <i>2</i> | | |
| <i>11-18-19</i> | | <i>Mike D.</i> | | | <i>x</i> | <i>4</i> | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Follow-up Required? Yes No DescribeCustomer Signature
*Mike D. Morris*Date *11-18-19* PO #