



4695

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# 17804</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>Find &amp; Do compressor @ HP - 1-2 with direct short to ground,</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 <i>10-29-19</i>	Name <i>Mile S.</i>		DDC (Tech)	MS (Mech)	Reg/Other Time	Over Time	Double Time
		<i>10-29-19</i>	<i>BLAILEY S.</i>		<i>Y</i>	<i>2</i>			
					<i>X</i>	<i>1</i>			
Follow-up Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe									

Customer Signature <i>Mark Munce</i>		Date <i>10-29-19</i>	PO #
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CERTIFICATION OF WORK

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

FACID/Building: NY060 Sch Thru Date of Visit: 10-29-19

Contractor Personnel on Site:

1. Mike D.
2. Blair 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# 17804 HP 1-2 not working
2. \_\_\_\_\_
3. \_\_\_\_\_

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

for HP 1-2 with BAD compressor.  
DIRECT START TO GRAN

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**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: M. M. Moseman Date: 10-29-19  
Signed: M. M. Moseman  
E-Mail: mmoseman115@gmail.com