



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>CS# 17804</i>		Service Contract #		Installed Contract #	
		Technician Code <input type="checkbox"/> Contract <input checked="" type="checkbox"/> J & 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 the compressor @ HP-1-2 with direct start to gear,</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
	<i>10-29-19</i>	<i>Mike</i>		<i>y</i>	<i>2</i>
	<i>10-29-19</i>	<i>Blair S.</i>		<i>x</i>	<i>1</i>
Follow-up Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe					
Customer Signature <i>Michael M...</i>			Date <i>10-29-19</i>	PO #	

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NYCDO Sch. Tidy Date of Visit: 10-29-19

Contractor Personnel on Site:

- | | |
|--------------------|----------|
| 1. <u>Mike D.</u> | 4. _____ |
| 2. <u>BALLO 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# 17804 HP 1-2 NOT WORKING</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

ATTACHMENT J-0200000-05
FORMS

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

fan HP 1-2 with BAD compressor.
DIRECT SHUT TO GRAV

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