



4696

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> Contact / Phone <i>Class # 20117</i>	Bill To	Date <i>10-29-19</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	10-29	Located glycol leak @ flange gasket @ circ pump 2-A Drained out section of pipe removed gasket, gasket has small rip in it.
	10-30	Replaced gasket @ flange. No leak - cps closure

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		1	2" BRUSH		
		2	3" GRN STRP GASKET		
		1	DUCT BUTTER		

EXPENSE TYPE (CHECK ALL THAT APPLY)		LABOR					
<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	Date	Name	DDC (Tech)	MS (Mech)	Reg/Other Time	Over Time	Double Time
	10-29-19	Mike J.		x	3		
	10-29-19	Blaine S.		x	3		
	10-30-19	Mike J.		x	3		
	11-4-19	Mike J.		x	2		

Follow-up Required? Yes No Describe

Customer Signature <i>Mike Moore</i>	Date	PO #
-----------------------------------------	------	------

4696

10/29 - 10/30

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: 11060 Schenckasy

Date of Visit: 10-29-19

Contractor Personnel on Site:

1. M.16 D.
2. BLAKE S.
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. 2/1
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. 055 # 20117 glycol leak near circ pump
2. _____
3. _____

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

Valved off heat, drained line, removed gasket from flange. Found small crack in gasket, new gasket on order.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Dull Date: 10.29.19
Signed: m/d 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: 10-29-19
Signed: m/d dull
E-Mail: mmoseman115@gmail.com

CERTIFICATION OF WORK

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

FACID/Building: NY060 Schuyler Date of Visit: 11-4-19

Contractor Personnel on Site:

1. Mike D
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. N/A
3. _____
4. _____

Service Calls – Service Call Number and Description

1. CSS#20117 Leak @ fixture near circ pop
2. _____
3. _____

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

CSS# 20117 Drained glycol out of line cleaned
GASKET Applied GASKET GREASE, cleaned flange face.
put BACK TOGETHER

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Dell Date: 11-4-19
Signed: m Dell

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: 11/4/19
Signed: Mike Moseman
E-Mail: michael.moseman.ctr@mail.mi