



4696

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

## FIELD REPORT

Location Name / Address <i>Schroeder Army</i>	Bill To	Date <i>10-29-19</i>
Contact / Phone <i>Class # 20117</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:

## WORK PERFORMED

JOBSITE SAFETY CHECKLIST	
<input type="checkbox"/> Electrical Shock Hazards	<i>10:29 Located glycol LEAK @ flame GASKET @ CIRCUIT 2-A</i>
<input type="checkbox"/> Confined Space	<i>DRAINED AT SECTION OF PIPE. REMOVED GASKET. GASKET HAS SMALL</i>
<input type="checkbox"/> Inadequate Ventilation	<i>RIP IN IT.</i>
<input type="checkbox"/> Water/Oil/Other Liquids on Floor	
<input type="checkbox"/> Trip or Fall Hazards	
<input type="checkbox"/> Fire or Explosive Hazards	<i>10:30 Replaced gasket @ flame. NO LEAK ops Normal</i>
<input type="checkbox"/> Site Checked	

## REFRIGERANT ACTIVITY

Did Refrigerant Activity occur?

- ☐ Yes If yes, a Refrigerant Activity  
☐ No Report Must be completed

## SERVICE EXPENSE

## PARTS and MATERIAL

PARTS, MATERIAL SOURCE	Source	Qty	Part #	Description	PO #
<input type="checkbox"/> CS Customer Supplied		1	2"	BRUSH	
<input type="checkbox"/> PC Procurement/Cash		2	3"	GRN STRPE GASKET	
<input type="checkbox"/> TS Truck		1		DUCT BUSTER	
<input type="checkbox"/> TP EMTech Parts					
<input type="checkbox"/> VP Vendor Purchase					

EXPENSE TYPE  
(CHECK ALL THAT APPLY)

- ☐ Sm Recovery Sys  
☐ Lg Recovery Sys  
☐ Vacuum Pump  
☐ Welder  
☐ Tube Brush Unit  
☐ Technology Charge  
☐ Fuel Charge  
☐ Environment Fee  
☐ Trip Charge  
☐ Pressure Washer  
☒ Mileage  
☒ Misc. Supplies

## LABOR

Date	Name	DDC (Tech)	MS (Mech)	Reg/Other Time	Over Time	Double Time
10-29-19	Mike S.		Y	3		
10-29-19	Blaine S.		Y	3		
10-30-19	Mike S.		Y	3		
11-4-19	Mike S.		Y	2		

Follow-up Required? ☐ Yes ☐ No Describe

Customer Signature <i>Mike S.</i>	Date	PO #
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White - EMTECH

Yellow - Processing

Pink - Customer

Services described were performed as part of the terms of this document

Ref No G 616000162

4696

10/29 + 10/30

FORMS

CERTIFICATION OF WORK

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

FACID/Building: M060 Schwab Date of Visit: 10-29-19

Contractor Personnel on Site:

- |                    |          |
|--------------------|----------|
| 1. <u>W. L. S.</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 # 20117</u> | <u>glycol leak near circ pump</u> |
| 2. _____              | _____                             |
| 3. _____              | _____                             |

ATTACHMENT J-0200000-05  
FORMS

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

Valued off Leak, DRAINED LINE, Removal GASKET  
FROM FLANGE FOR 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:

*[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:

M. the Moseman

Date:

10-29-19

Signed:

*[Signature]*

E-Mail:

mmoseman115@gmail.com

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

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

Contractor Personnel on Site:

- |                |          |
|----------------|----------|
| 1. <u>Mike</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# 20117 Look @ flame near circ pop</u> | _____ |
| 2. _____  | _____ |
| 3. _____  | _____ |

ATTACHMENT J-0200000-05  
FORMS

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

CS# 20117 DRAINED glycol at of Line cleaned  
GASKET Applied GASKET GROUSE, cleaned flange face.  
PUT BACK TOGETHER

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

Michael Dull

Date:

11-4-19

Signed:

Michael 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:

11/4/19

Signed:

Mike Moseman

E-Mail:

michael.moseman@ctr@mail.mil