



4697

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

## FIELD REPORT

Location Name / Address <u>SAUGERTIES AREA</u>	Bill To	Date <u>10-30-19</u>
Contact / Phone <u>CSST#2158</u>	Service Contract #	Installed Contract #
	Technician Code <u>A T &amp; M</u>	<input type="checkbox"/> Contract <input checked="" type="checkbox"/> A T & M <input type="checkbox"/> Quoted <input type="checkbox"/> Warranty <input type="checkbox"/> Sales Support <input type="checkbox"/> Material Sale Only

### Problem Description:

Follow-up Required?  Yes  No Describe

Customer Signature 		Date 10-30-19	PO #
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4697

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY1285 Apartments Date of Visit: 10-30-19

Contractor Personnel on Site:

1. M.Ke ✓
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. CSS#22158 Noise AT Baker Run
2. \_\_\_\_\_
3. \_\_\_\_\_

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

fixed manifold psi @ 6.5 psi wc. Adjusted down  
to 4 psi wc. GPS Normal

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Michael Dnull Date: 10-30-19  
Signed: m Dnull

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: 10-30-19  
Signed: Mike Moseman  
E-Mail: MMoseman115@gmail.com