



4816

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

## FIELD REPORT

Location Name / Address <i>Saugerties Army Reserve CMI</i>		Bill To		Date <i>11/7/19</i>				
Contact / Phone <i>CSS #22413</i>		Service Contract # <i>19801</i>	Installed Contract #					
		Technician Code <input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/> F & M <input type="checkbox"/> Quoted <input type="checkbox"/> Warranty <input type="checkbox"/> Sales Support <input type="checkbox"/> Material Sale Only						
Problem Description: <i>Boilers not enabled</i>								
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>Found boiler not enabled due to shutdown push button outside boiler room HWP-3 off at MCC reset &amp; found bearings going bad in motor Peter advises provide price to CMI</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	Over Time	Double Time
<i>11/7/19</i>		<i>Daniel Ogden</i>			<i>X</i>	<i>3</i>		
Follow-up Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe								
Customer Signature				Date	PO #			

CERTIFICATION OF WORK

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

FACID/Building: Sargent's Army

Date of Visit: 11/7/19

Contractor Personnel on Site: Reserve

1. Dave Oden
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Work Performed:**

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Inspection, Testing, and Certification**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Other Recurring Services**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Service Calls – Service Call Number and Description**

1. CSS# 22413- No Heat in Building
2. \_\_\_\_\_
3. \_\_\_\_\_

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

Found Boiler not enabled due to  
shutdown.

Pushed Button outside.

HWP-3 off @ MCC - reset; Found  
bearings going bad.

---

**CERTIFICATION OF WORK**

---

To be signed by the Contractor:

Print Name: Dave. Oyder Date: 11/7/19

Signed: Dave. Oyder

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: Michael Moseman Date: 11-7-2019

Signed: michael moseman

E-Mail: michael.moseman.ctr@mail.mil