



4816

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

## FIELD REPORT

Location Name / Address <i>Sanger's 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 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: <i>Boilers not enabled</i>					
JOBSITE SAFETY CHECKLIST		WORK PERFORMED			
<input type="checkbox"/> Electrical Shock Hazards		<i>Found boiler not enabled due to shutdown</i>			
<input type="checkbox"/> Confined Space		<i>push button outside boiler room</i>			
<input type="checkbox"/> Inadequate Ventilation		<i>HWP-3 off at MCC reset &amp; found bearings going bad</i>			
<input type="checkbox"/> Water/Oil/Other Liquids on Floor		<i>in motor Peter advises provide price to CMI</i>			
<input type="checkbox"/> Trip or Fall Hazards					
<input type="checkbox"/> Fire or Explosive Hazards					
<input type="checkbox"/> Site Checked					
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
<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 #	

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: Saugerties Army Date of Visit: 11/7/19

Contractor Personnel on Site: Reserve

- |                      |          |
|----------------------|----------|
| 1. <u>Dave Ogden</u> | 4. _____ |
| 2. _____             | 5. _____ |
| 3. _____             | 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 Baler 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 Ogden Date: 11/7/19

Signed: Dave Ogden

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