



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

4839

FIELD REPORT

Location Name / Address <i>Schenectady Arm</i>		Bill To		Date <i>11-8-19</i>			
Contact / Phone <i>CS# 18784</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		<i>fan HP 2-28 with water supply valve stuck closed. with fan coil and 750 Tons. unit was off on high heat ps. qps down</i> <i>fan HP-2-33 off at disconnect. fan fan relay pend</i> <i>cycle supply for HP 2-28 location. fan HP 2-26 in Alarum (10 ps.) above HP 2-26 with nitrogen locate leak @ Suction Line Access fitting. will quote a fix.</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		<i>WP</i>	<i>1</i>	<i>FAN Relay</i>			
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 <i>11-8-19</i>	Name <i>Mike</i>	DDC (Tech)	MS (Mech)	Reg/Other Time	Over Time
		<i>11-8-19</i>	<i>Mike</i>		<i>X</i>	<i>6</i>	
					<i>X</i>	<i>4</i>	
Follow-up Required? <input type="checkbox"/> Yes <input type="checkbox"/> No					Describe		
Customer Signature <i>Mike</i>					Date <i>11-8-19</i>	PO #	<i>CS# 18784</i>

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY060 Schenectady Date of Visit: 11-8-19

Contractor Personnel on Site:

1. Mike >
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 - 18784 HP 2-28 and 2-33
2. NOT COMMUNICATING w/DL WORK STATION.
3. _____

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

CSS#18784 for HP 2-33 w/ Bnd Buer FAW
Relay

for HP 2-28 w/ the water valve stuck from
adjusted. HP was off on Hi ps. ALARM. op's will

for HP 2-26 w/ leak @ Suction Line Access port.
will quote fix.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Dull Date: 11-8-19
Signed: m/ 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: 11-8-19
Signed: Mike Moseman
E-Mail: Michael.Moseman.civ@mail.mil

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY060 Schaeffler Date of Visit: 11-18-19

Contractor Personnel on Site:

1. W/McC >
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. 65518784 HP 2-33 Replaced broken FAX Relay
2. _____
3. _____

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

CSST# 18784 Replaced broken FAN relay @ HP 2-33
QPS No cause

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Dull Date: 11-18-19
Signed: m/ 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: Michael Moscman Date: 11/18/19
Signed: Michael Moscman
E-Mail: Michael.Moscman.ctr@mail.mil