



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

4850

FIELD REPORT

Location Name / Address Albany Army Reserve	Bill To	Date 12-3-19
Contact / Phone CMT	Service Contract # 19801	Installed Contract #
Technician Code <input type="checkbox"/> Contract <input 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: **CSS# 22792**

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	Fan BAD 24hr 4amp fuse @ Boiler #2 TRANSFORMER. Replaced ops NORMAL
REFRIGERANT ACTIVITY	
Did Refrigerant Activity occur? <input type="checkbox"/> Yes If yes, a Refrigerant Activity Report Must be completed <input type="checkbox"/> No	At Boiler NO #1 condensate Return PIP NAMEPLATE AMP DRAW @ 4.55 pup pulling 4.2 - 4.5, SAME AS pup #2. NOT ABLE TO pull off pup due TO shut off valve AT bottom off condensate Lines by. Will Quote A fix (mech overhaul) ON pup #1.

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	
12-3-19	Mile		X	3			

Follow-up Required? ☒ Yes ☐ No Describe

Customer Signature [Signature]	Date 12-3-19	PO #
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White - EMTECH Yellow - Processing Pink - Customer

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

19801 - 4850

CSS# 22792

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY001 ^{Albany} _{Army} _{Reserve} Date of Visit: _____

Contractor Personnel on Site:

- | | |
|--------------------|----------|
| 1. <u>M. K. D.</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#</u> | <u>Boilers not on</u> |
| 2. _____ | _____ |
| 3. _____ | _____ |

ATTACHMENT J-0200000-05
FORMS

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

ISS# 22792 @ Boiler no# 2 on B fan the
fuse @ the central Transformer (Blown) Replaced. gds Noreen
Boiler #1 condensate pump fan Tripped. Reset. And draw
4.2 name plate @ 4.55 Took apart condensate line. the
SHUT off valve @ Bottom of TANK Leaks. Will Quote A fix.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

Mike Dwyer

Date:

12-3-19

Signed:

Mike Dwyer

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:

Signed:

Mike Moseman

E-Mail:

mmoseman115@gmail.com