

EMTech dba / Energy Management Technologies, LLC
 5 Hemlock Street
 Latham, NY 12110
 Phone # (518) 783-7810

Invoice

Date	Invoice #
2/5/2020	4950

Bill To

CMI Management, Inc.
 PM / 99th - Region 2
 5285 Shawnee Road Suite #510
 Alexandria, VA 22312

Project	P.O. No.	Terms		Due on receipt
19801 Army Reserve T & M by Location	CSS# 24388	Due Date		2/5/2020
Description	Qty	Rate	Serviced	Amount
Mike Duvall - Albany Reserve Location Found number 2 boiler with broken blower motor. Mechanical HVAC service discounted local service contract rate. Other Misc. supplies used for the service work performed on site.	3	108.00	1/17/2020	324.00T
		25.00		25.00T



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

4950

FIELD REPORT

Location Name / Address <i>Albany Army Reserve</i>		Bill To	Date <i>1-17-2020</i>
Contact / Phone		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:

JOBSITE SAFETY CHECKLIST	WORK PERFORMED
<input type="checkbox"/> Electrical Shock Hazards	<i>Found the #2 Baler motor assembly with a broken blower motor. Will get quote to fix.</i>
<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	

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)	LABOR						
	Date	Name	DDC (Tech)	MS (Mech)	Reg/Other Time	Over Time	Double Time
<input type="checkbox"/> Sm Recovery Sys	<i>1-17-20</i>	<i>Mike D</i>		<i>X</i>	<i>3</i>		
<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							

Follow-up Required? ☐ Yes ☐ No Describe

Customer Signature <i>[Signature]</i>	Date <i>1-17-20</i>	PO #
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White - EMTech Yellow - Processing Pink - Customer

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

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: Albany NY 001Date of Visit: 1-17-20

Contractor Personnel on Site:

- | | |
|----------------|----------|
| 1. <u>Mule</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>for Broken Blue Metal</u> |
| 2. _____ | _____ |
| 3. _____ | _____ |

ATTACHMENT J-0200000-05
FORMS

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

GS# _____ will get a quote to fix
#2 Boiler Blower motor.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____

Date: _____

Signed: _____

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: _____

Date: _____

Signed: _____

E-Mail: _____