



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

5622

FIELD REPORT

Location Name/ Address <i>Army New Windsor</i>	Bill To <i>WO 7326</i>	Date
Contact /Phone	Service Contract # <i>6521788</i>	Installed Contract #
Technician Code <input type="checkbox"/> Contract <input checked="" type="checkbox"/> T & M <input checked="" type="checkbox"/> Quoted <input type="checkbox"/> Warranty <input type="checkbox"/> Sales Support <input type="checkbox"/> Material Sale Only		

Problem Description:

JOBSITE SAFETY CHECKLIST

- ☐ Electrical Shock Hazards
- ☐ Confined Space
- ☐ Inadequate Ventilation
- ☐ Water/Oil/Other Liquids on Floor
- ☐ Trip or Fall Hazards
- ☐ Fire or Explosive Hazards
- ☐ Site Checked

WORK PERFORMED

replaced ductless split. checked operation everything working perfectly.

REFRIGERANT ACTIVITY

Did Refrigerant Activity occur?

- ☐ Yes If yes, a Refrigerant Activity Report Must be completed
- ☐ No

SERVICE EXPENSE

PARTS, MATERIAL SOURCE

- ☐ CS Customer Supplied
- ☐ PC Procurement/Cash
- ☐ TS Truck
- ☐ TP EMTech Parts
- ☐ VP Vendor Purchase

PARTS and MATERIAL

Source	Qty	Part #	Description	PO #

EXPENSE TYPE (CHECK ALL THAT APPLY)

- ☐ Sm Recovery Sys
- ☐ Lg Recovery Sys
- ☐ Vacuum Pump
- ☐ Welder
- ☐ Tube Brush Unit
- ☐ Technology Charge
- ☐ Fuel Charge
- ☐ Environment Fee
- ☐ Trip Charge
- ☐ Pressure Washer
- ☐ Mileage
- ☐ Misc. Supplies

LABOR

Date	Name	DDC (Tech)	MS (Mech)	Reg/Other Time	Over Time	Double Time
<i>10/9/20</i>	<i>Dan R</i>		<i>X</i>	<i>8</i>		
<i>10/1/20</i>	<i>MIKE D</i>		<i>X</i>	<i>8</i>		
<i>10/6/20</i>	<i>Dan R</i>		<i>X</i>	<i>4</i>		
<i>10/6/20</i>	<i>MIKE D</i>		<i>X</i>	<i>4</i>		

Follow-up Required? ☐ Yes ☐ No Describe

Customer Signature

Date

PO #

White - EMTech Yellow - Processing Pink - Customer

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