

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

Invoice

Date	Invoice #
2/24/2021	6141

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
		Due Date	2/24/2021	
Description	Qty	Rate	Serviced	Amount
Mike Duvall - Service Call at Albany Army Reserve CSS# 28306 Found ignition control modules bad at both boilers. 24 VAC to pilot solenoid was not working. Boiler No 2 had stuff inside the pilot tee at the inlet to the box. Cleaned out. Boiler no. 3 - inducer fan motor is going bad. Recommend Replacement. Mechanical HVAC service discounted local service contract rate. Ignition Control Modules Other Misc. supplies used for the service work performed on site.	4 2 1	114.00 216.72 25.00	1/4/2021	456.00 433.44 25.00
SALES TAX: <i>If deducting sales tax from invoice, please include your tax exempt certificate with payment.</i>				
For Assistance or Questions Please Contact Office Phone: (518) 783-7810 Extension 113 Service Dept. (518) 631-6004 Fax (518) 783-2079				
Thank you for your business!				
			Subtotal	\$914.44
			Sales Tax (8.0%)	\$0.00
			Total	\$914.44
			Payments / Credits	\$0.00
			Balance Due	\$914.44



6141

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

FIELD REPORT

Location Name/ Address <i>Albany Army Reserve</i>	Bill To	Date <i>1-4-21</i>
Contact / Phone <i>Case# 28306</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	<i>fan DLE IGNITION control modules bad @ Boiler Boilers. 24VAC TO pilot switch was not working. Boiler NOT 2 H.A. "stuff" inside the Pilot "Tee" @ the inlet to the box cleared out. Boiler #2 DLE inducer fan motor is going bad. Will get a quote to replace DLE #2 motor.</i>
<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		WORK PERFORMED
Did Refrigerant Activity occur?		<i>Inducer fan motor @ Boiler #2 is starting to go bad.</i>
<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		<i>VP</i>	<i>2</i>	<i>IGNITION control modules 58600</i>		
<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						
<input type="checkbox"/> Sm Recovery Sys		Date	Name	DDC (Tech)	MS (Mech)	Reg/Other Time	Over Time	Double Time
<input type="checkbox"/> Lg Recovery Sys		<i>1-4-21</i>	<i>W.100</i>		<i>X</i>	<i>4</i>		
<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 type="checkbox"/> Misc. Supplies								

Follow-up Required? Yes No DescribeCustomer Signature *Mark Moore*

White - EMTech

Yellow - Processing

Pink - Customer

Date *1-4-21*PO # *Case 28306*

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

6041

ATTACHMENT J-0200000-05
FORMSCERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: _____

Date of Visit: 1-4-21

Contractor Personnel on Site:

1. Milo J
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# 28306 NEW NAT GAS METER WAS INSTALLED AT 805,
2. GAS psi was off on the 2 boilers adjusted 605 psi. Found debris
3. IN pilot orifice @ Boiler#2. cleaned - gas flame - Both 16N control modules were bad.

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

CSS# 28306 Replaced both Bro/oxi 16x1 control modules
Adjusted Gas ps: @ both Boilers, cleaned pilot orifice
At Boiler #2
Boiler #2 inducer fan motor is starting to go bad.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Dnull Date: 1-4-21
Signed: Michael Dnull

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: 1/4/21
Signed: Mike Moseman
E-Mail: Michael.Moseman.ct@mail.mil