

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

Invoice

Date	Invoice #
3/3/2022	7620

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# 34060	Due Date		3/3/2022
Description	Qty	Rate	Serviced	Amount
Mike Duvall - Service Call at Schenectady Location CSS# 34060 "No heat in OMS truck bays. Thermostat Error: Freeze Fault." Unable to reset fault through the controller. Dropped power to AHU unit. Started back up. Loosened actuator at outside air dampers. Shutdown dampers to about 10% open. Domestic air temperature at 85 degrees. Call for heat is at 50%. Unable to reset faults on the "Schneider M168" Controller inside unit. Mechanical HVAC service discounted local service contract rate. Other Misc. supplies used for the service work performed on site.	3	124.00	1/11/2022	372.00T
		25.00		25.00T

SALES TAX:

If deducting sales tax from invoice, please include your tax exempt certificate with payment.

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	\$397.00
Sales Tax (8.0%)	\$31.76
Total	\$428.76
Payments / Credits	\$0.00
Balance Due	\$428.76



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

7620

FIELD REPORT

Location Name / Address <i>Schoenfeld Army</i>	Bill To	Date <i>1-11-22</i>
Contact / Phone <i>CS 340600</i>	EMTech Contract #	Customer PO #
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>NOT ABLE TO TO RESET FAULT THROUGH THE CONTROLLER DROP POWER TO AHU. UNIT STARTED BACK UP. LOOSENED ACTUATOR @ OA DAMPERS. SHUT DOWN DAMPERS TO ABOUT 10% OPEN. DAI @ 85°. CALL FOR HAT IS AT 50%. NOT ABLE TO RESET FAULTS ON THE "Schneider M168" controller inside the unit.</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					

EXPENSE TYPE (CHECK ALL THAT APPLY)

	LABOR							
	Date	Name	DDC (Tech)	MS (Mech)	MS (Chiller)	Reg	Over Time	Double Time
<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	<i>1-11-22</i>	<i>Mike</i>		<i>X</i>		<i>3</i>		
<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>J. Anthony</i>	Date <i>1-11-22</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:

Schuette AD Army
NY060

Date of Visit:

1-11-22

Contractor Personnel on Site:

- | | |
|---------|----|
| 1. Mike | 4. |
| 2. | 5. |
| 3. | 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 34060 NO HEAT. ABLE TO get HEAT |
| 2. OK @ 50% |
| 3. |

ATTACHMENT J-0200000-05
FORMS

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

CSS-34060 NO ACAT, ABle TO get ACAT
OK @ 50%

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 1-11-22
Signed: [Signature]

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: Bryan Ortiz / SGT Date: 20220111
Signed: [Signature]
E-Mail: bryan.j.ortiz-marrero.mil@army.mil