

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: <i>If deducting sales tax from invoice, please include your tax exempt certificate with payment.</i>		Subtotal \$397.00 Sales Tax (8.0%) \$31.76 Total \$428.76 Payments / Credits \$0.00 Balance Due \$428.76			
For Assistance or Questions Please Contact Office Phone: (518) 783-7810 Extension 113 Service Dept. (518) 631-6004 Fax (518) 783-2079					
<i>Thank you for your business!</i>					



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

7620

FIELD REPORT

Location Name / Address <i>Schneider Amy</i>	Bill To	Date <i>1-11-22</i>
Contact / Phone <i>CSS 34060</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	NOT ABLE TO TO RESET FAULT THROUGH THE CONTROLLER DROP POWER TO AHU. UNIT STARTED BACK UP. LOOSEND ACTUATOR @ OA DAMPER. SHUT DOWN DAMPERS TO ABOUT 10% open. DAT @ 85°, CALL FOR HEAT IS AT 50%. NOT ABLE TO RESET FAULTS ON THE "Schneider M168" controller INSIDE THE UNIT.
<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)	
<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 type="checkbox"/> Misc. Supplies	

Follow-up Required? Yes No Describe

Customer Signature <i>B. Gutting</i>	Date <i>1-11-22</i>	PO #
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ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: Schuetz AD April
NY060Date of Visit: 1-11-22

Contractor Personnel on Site:

1. Mike >
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 34060 no heat. Able to get heat
2. 2nd @ 50%
3. _____

ATTACHMENT J-0200000-05
FORMS

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

055-34060 NO HEAT, ABLE TO GET HEAT
OIL @ 50%

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 1-11-22
Signed: m/dull

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: 10/20/21
Signed: B. Ortiz
E-Mail: bryan.j.ortiz-marrero.mil@army.mil