

CERTIFICATION OF WORK

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

FACID/Building: N4059

Date of Visit: 7/13/23

Contractor Personnel on Site:

1. Dave Ogden
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. _____
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. CSS 13102 - Provided Laptop + Setup
2. _____
3. _____

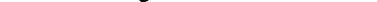
**ATTACHMENT J-0200000-05
FORMS**

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jenna Palysars Date: 9/19/23

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:

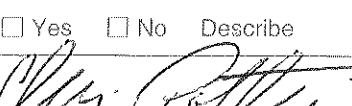
E-Mail:



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

9628

FIELD REPORT

Location Name / Address Army - CMI		Bill To		Date					
Contact / Phone		EMTech Contract #		Customer PO #					
		Technician Code <input type="checkbox"/> Contract <input checked="" type="checkbox"/> T & M <input type="checkbox"/> Quoted		\$1,847.00 <input type="checkbox"/> Warranty <input type="checkbox"/> Sales Support <input type="checkbox"/> Material Sale Only					
Problem Description:									
<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	WORK PERFORMED <p>Delivered laptop set for 193.168.1.145 Tried login & was able to Access Set shortcut on task bar for BMS Login</p>								
	Did Refrigerant Activity occur?								
	<input type="checkbox"/> Yes If yes, a Refrigerant Activity Report Must be completed <input type="checkbox"/> No								
	PARTS and MATERIAL								
	<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	Source	Qty	Part #	Description	PO #			
		VP	1	Dell Latitude 3520		9628			
<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	LABOR								
	Date	Name		DDC (Tech)	MS (Mech)	MS (Chiller)	Reg	Over Time	Double Time
	7/13/23	Daniel Ogden		X			3		
Follow-up Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe									
Customer Signature 			Date	7/13/23	PO #				

Follow-up Required? Yes No Describe

Customer Signature

Chris Coffey

Date	7/13/23	PO #
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