

CERTIFICATION OF WORK

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

FACID/Building: NY 116 New Windsor Date of Visit: 7/6/23

Contractor Personnel on Site:

1. Dave Oden 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 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. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

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

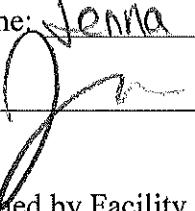
CSS 93481 - Part 2  
Completed Repairs

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jenna Calayaw 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

9629

FIELD REPORT

Location Name / Address <b>New Windsor ARC</b>		Bill To <b>cmi</b>		Date					
Contact / Phone		EMTech Contract #	Customer PO # <b>CSS# 93481 - Part 2</b>						
		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: <b>Repairs</b>		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		<b>AHU-4</b> Replaced Isolation contactors on supply + exhaust fans <b>AHU-3</b> " " " " " " <b>AHU-2</b> " " " " " " also Fuses as need + Aux contact blocks <b>AHU-2</b> Found loose connection on terminal block jumpers  <b>AHU-7</b> Contactor ordered is 120V coil need 24V Returned w/ correct contactor in stalled & restarted unit							
Did Refrigerant Activity occur?		<input type="checkbox"/> Yes If yes, a Refrigerant Activity <input type="checkbox"/> No Report Must be completed							
		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	5	Contactor		9629			
			4	Contact block		↓			
			10	Fuses					
		LABOR							
		Date	Name	DDC (Tech)	MS (Mech)	MS (Chiller)	Reg	Over Time	Double Time
		7/6/23	Daniel Oyler		X		8		
		7/14/23	Daniel Oyler		X		2		

Follow-up Required?  Yes  No Describe

Customer Signature

Date

PO #