



Phone: (518) 326-8450 • Fax: (518) 326-8435
P.O. Box 311, 95 Hudson River Road
Waterford, New York 12188

Job # 18493

UNIT						MAKE	MODEL	SERIAL #	VOLTS	JOB # 18493							
NAME <i>Schenectady Army Reserve</i>										ENVIRONMENTAL CHECK LIST							
STREET										CONDENSING UNIT		QTY.		TYPE/DISPOSITION			
CITY										<input type="checkbox"/> RECOVERED							
TECHNICIAN <i>CSS# 700</i>										<input type="checkbox"/> RECYCLED							
DESCRIPTION OF WORK PERFORMED										<input type="checkbox"/> RECLAIMED							
										<input type="checkbox"/> RETURNED							
										<input type="checkbox"/> DISPOSAL							
<input type="checkbox"/> COOLING OUT <input type="checkbox"/> HEATING OUT <input type="checkbox"/> LEAK <input type="checkbox"/> WARRANTY <input type="checkbox"/> INSTALLATION																	
GATHERED MATERIAL LIST FOR FIXING SEVERAL Leaks @ Cooling tower will Quote																	
RECOMMENDATIONS																	
QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT	HRS	DATE	NAME	RATE	AMOUNT									
	REFRIGERANT R- LBS.			3	6-29-22	MICRO											
	FILTERS X X				30												
1	trip charge	50-															
TOTAL MATERIALS																	
					TOTAL LABOR												
CUSTOMER SIGNATURE <i>[Signature]</i>				DATE 6-30-22													

CERTIFICATION OF WORK

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

FACID/Building: NY 060 Date of Visit: _____

Contractor Personnel on Site:

- | | |
|----------------|----------|
| 1. <u>Mike</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

- | | |
|--------------|-------|
| 1. <u>NA</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Inspection, Testing, and Certification

- | | |
|--------------|-------|
| 1. <u>NA</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Other Recurring Services

- | | |
|--------------|-------|
| 1. <u>NA</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Service Calls – Service Call Number and Description

- | | |
|----------------------------------|--------------------------------------|
| 1. <u>QSS# 700</u> | <u>GET MATERIAL LIST for VARIOUS</u> |
| 2. <u>FIXES ON COOLING TOWER</u> | <u>will give QUOTE</u> |
| 3. _____ | _____ |

ATTACHMENT J-0200000-05
FORMS

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

CSS#700 GOT MATERIAL LIST FOR FIXING
SEVERAL LEAKS @ COOLING TOWER

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull

Date: 6-30-22

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: Chris Pothier

Date: 6-30-22

Signed: Chris Pothier

E-Mail: _____