



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

6840

FIELD REPORT

Location Name / Address <i>Watervliet, NY</i>		Bill To		Date <i>9.20.21</i>			
Contact / Phone		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:  <b>WORK PERFORMED</b> <i>checked flame sensor &amp; spark rod AT BOTH Boilers. checked ALL safety's. cps normal</i>							
JOBSITE SAFETY CHECKLIST							
<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							
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		<b>PARTS and MATERIAL</b>					
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 checked="" 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 checked="" type="checkbox"/> Misc. Supplies							
<b>LABOR</b>							
Date	Name	DDC (Tech)	MS (Mech)	MS (Chiller)	Reg	Over Time	Double Time
<i>9.20.21</i>	<i>Milo</i>		<i>X</i>		<i>4</i>		
<i>9.23.21</i>	<i>Milo</i>		<i>X</i>		<i>4</i>		
Follow-up Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe							
Customer Signature 				Date <i>9.23.21</i>	PO #		