







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

6647

### FIELD REPORT

|   |  |                    |                      |                        |
|---|--|--------------------|----------------------|------------------------|
| Location Name / Address<br><b>CMI Sargents Army</b>   |  | Bill To            |                      | Date<br><b>6/15/21</b> |
| Contact / Phone<br><b>CSS # 31088</b>   |  | Service Contract # | Installed Contract # |                        |
| Technician Code<br><input type="checkbox"/> Contract <input checked="" type="checkbox"/> S & 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         | <b>VAV #s 106, 112, 121, 128 reheat valve actuators broken + need to be replaced</b><br><b>ALL 4 are</b><br><b>TAC ERIE AP33A000 Erie pop top modulating NSR Actuator</b> |
| <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 Report Must be completed |
| <input type="checkbox"/> No  |

| 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)                | LABOR          |                     |            |           |                |           |             |
|--|----------------|---------------------|------------|-----------|----------------|-----------|-------------|
| <input type="checkbox"/> Sm Recovery Sys           | Date           | Name                | DDC (Tech) | MS (Mech) | Reg/Other Time | Over Time | Double Time |
| <input type="checkbox"/> Lg Recovery Sys           | <b>6/15/21</b> | <b>Daniel Ogden</b> |            | <b>X</b>  | <b>2 1/2</b>   |           |             |
| <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 |                |                     |            |           |                |           |             |

Follow-up Required? ☐ Yes ☐ No Describe

|                    |      |      |
|--------------------|------|------|
| Customer Signature | Date | PO # |
|--------------------|------|------|

White - EMTech Yellow - Processing Pink - Customer

Services described were performed as part of the terms of this document