



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

7196

FIELD REPORT

Location Name / Address <i>Submarine Army</i>	Bill To	Date <i>9.22.21</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:

JOB SITE SAFETY CHECKLIST	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	<i>motor pool BLD Replaced flame Rod & Spark Port At both Boilers 3rd Boiler #4 Lock "KINET" NEEDS FIRE BOX cleaned checked all safety's, Pumps & valves. MAN BLD. 3 DOM H.W. Boilers ops normal</i>

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	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	<i>UP</i>	<i>2</i>	<i>FIM SUSR KIT w/ GASKET</i>		
	<i>UP</i>	<i>2</i>	<i>IGN KIT w/ GASKET</i>		
	<i>UP</i>	<i>1</i>	<i>GASKET KIT BNR</i>		
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					

LABOR							
Date	Name	DDC (Tech)	MS (Mech)	MS (Chiller)	Reg	Over Time	Double Time
<i>9.22.21</i>	<i>Mike</i>		<i>Y</i>		<i>5</i>		

Follow-up Required? ☐ Yes ☐ No Describe

Customer Signature <i>[Signature]</i>	Date <i>9.22.21</i>	PO #
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White - EMTech Yellow - Processing Pink - Customer

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