



**Case No.: 13-1338 -EL-EEC**

Mercantile Customer: **Procter and Gamble – Spring Grove (FHCIC)**

Electric Utility: **Duke Energy**

Program Title or Description: **Chiller Tune Ups**

Rule 4901:1-39-05(F), Ohio Administrative Code (O.A.C.), permits a mercantile customer to file, either individually or jointly with an electric utility, an application to commit the customer’s existing demand reduction, demand response, and energy efficiency programs for integration with the electric utility’s programs. The following application form is to be used by mercantile customers, either individually or jointly with their electric utility, to apply for commitment of such programs in accordance with the Commission’s pilot program established in Case No. [10-834-EL-POR](#)

Completed applications requesting the cash rebate reasonable arrangement option (Option 1) in lieu of an exemption from the electric utility’s energy efficiency and demand reduction (EEDR) rider will be automatically approved on the sixty-first calendar day after filing, unless the Commission, or an attorney examiner, suspends or denies the application prior to that time. Completed applications requesting the exemption from the EEDR rider (Option 2) will also qualify for the 60-day automatic approval so long as the exemption period does not exceed 24 months. Rider exemptions for periods of more than 24 months will be reviewed by the Commission Staff and are only approved up the issuance of a Commission order.

Complete a separate application for each customer program. Projects undertaken by a customer as a single program at a single location or at various locations within the same service territory should be submitted together as a single program filing, when possible. Check all boxes that are applicable to your program. For each box checked, be sure to complete all subparts of the question, and provide all requested additional information. Submittal of incomplete applications may result in a suspension of the automatic approval process or denial of the application.

Any confidential or trade secret information may be submitted to Staff on disc or via email at [ee-pdr@puc.state.oh.us](mailto:ee-pdr@puc.state.oh.us).

## Section 1: Mercantile Customer Information

Name: **The Procter and Gamble Company**

Principal address: **1 Procter and Gamble Plaza Cincinnati Ohio 45201-5572**

Address of facility for which this energy efficiency program applies:

**5299 Spring Grove Avenue Cincinnati, Ohio 45217**

Name and telephone number for responses to questions:

**Megan Fox, 513-287-3367**

Electricity use by the customer (check the box(es) that apply):

- The customer uses more than seven hundred thousand kilowatt hours per year at the above facility. **(See Attachment 1 - Appendix 1)**
- The customer is part of a national account involving multiple facilities in one or more states. (Please attach documentation.)

## Section 2: Application Information

A) The customer is filing this application (choose which applies):

- Individually, without electric utility participation.
- Jointly with the electric utility.**

B) The electric utility is: **Duke Energy**

C) The customer is offering to commit (check any that apply):

- Energy savings from the customer's energy efficiency program. (Complete Sections 3, 5, 6, and 7.)
- Capacity savings from the customer's demand response/demand reduction program. (Complete Sections 4, 5, 6, and 7.)
- Both the energy savings and the capacity savings from the customer's energy efficiency program. (Complete all sections of the Application.)**

### Section 3: Energy Efficiency Programs

A) The customer's energy efficiency program involves (check those that apply):

- Early replacement of fully functioning equipment with new equipment. (Provide the date on which the customer replaced fully functioning equipment, and the date on which the customer would have replaced such equipment if it had not been replaced early. Please include a brief explanation for how the customer determined this future replacement date (or, if not known, please explain why this is not known)).
- Installation of new equipment to replace equipment that needed to be replaced. The customer installed new equipment on the following date(s):
- Installation of new equipment for new construction or facility expansion. The customer installed new equipment on the following date(s):  
\_\_\_\_\_.

**Behavioral or operational improvement.**

B) Energy savings achieved/to be achieved by the energy efficiency program:

- 1) If you checked the box indicating that the project involves the early replacement of fully functioning equipment replaced with new equipment, then calculate the annual savings [(kWh used by the original equipment) - (kWh used by new equipment) = (kWh per year saved)]. Please attach your calculations and record the results below:

Annual savings: \_\_\_\_\_kWh

- 2) If you checked the box indicating that the customer installed new equipment to replace equipment that needed to be replaced, then calculate the annual savings [(kWh used by less efficient new equipment) - (kWh used by the higher efficiency new equipment) = (kWh per year saved)]. Please attach your calculations and record the results below:

Annual savings: \_\_\_\_\_kWh

Please describe any less efficient new equipment that was rejected in favor of the more efficient new equipment.

- 3) If you checked the box indicating that the project involves equipment for new construction or facility expansion, then calculate the annual savings [(kWh used by less efficient new equipment) - (kWh used by higher efficiency new equipment) = (kWh per year saved)]. Please attach your calculations and record the results below:

Annual savings: \_\_\_\_\_ kWh

Please describe the less efficient new equipment that was rejected in favor of the more efficient new equipment.

- 4) If you checked the box indicating that the project involves behavioral or operational improvements, provide a description of how the annual savings were determined. **Chiller tune-ups - preventative maintenance performed resulting in energy savings.**
-

## Section 4: Demand Reduction/Demand Response Programs

A) The customer's program involves (check the one that applies):

- Coincident peak-demand savings from the customer's energy efficiency program.**
- Actual peak-demand reduction. (Attach a description and documentation of the peak-demand reduction.)
- Potential peak-demand reduction (check the one that applies):
  - The customer's peak-demand reduction program meets the requirements to be counted as a capacity resource under a tariff of a regional transmission organization (RTO) approved by the Federal Energy Regulatory Commission.
  - The customer's peak-demand reduction program meets the requirements to be counted as a capacity resource under a program that is equivalent to an RTO program, which has been approved by the Public Utilities Commission of Ohio.

B) On what date did the customer initiate its demand reduction program?

**January, March and September 2012**

C) What is the peak demand reduction achieved or capable of being achieved (show calculations through which this was determined):

**106.3 KW (See Attachment 1 - Appendix 2)**

## **Section 5: Request for Cash Rebate Reasonable Arrangement (Option 1) or Exemption from Rider (Option 2)**

Under this section, check the box that applies and fill in all blanks relating to that choice.

Note: If Option 2 is selected, the application will not qualify for the 60-day automatic approval. All applications, however, will be considered on a timely basis by the Commission.

A) The customer is applying for:

**Option 1: A cash rebate reasonable arrangement.**

OR

Option 2: An exemption from the energy efficiency cost recovery mechanism implemented by the electric utility.

OR

Commitment payment

B) The value of the option that the customer is seeking is:

Option 1: A cash rebate reasonable arrangement, which is the lesser of (show both amounts):

A cash rebate of **\$5633.00 (See Attachment 1 - Appendix 3).**

Option 2: An exemption from payment of the electric utility's energy efficiency/peak demand reduction rider.

An exemption from payment of the electric utility's energy efficiency/peak demand reduction rider for \_\_\_\_ months (not to exceed 24 months). (Attach calculations showing how this time period was determined.)

OR

A commitment payment valued at no more than \$\_\_\_\_\_. (Attach documentation and calculations showing how this payment amount was determined.)

OR

- Ongoing exemption from payment of the electric utility's energy efficiency/peak demand reduction rider for an initial period of 24 months because this program is part of the customer's ongoing efficiency program. (Attach documentation that establishes the ongoing nature of the program.) In order to continue the exemption beyond the initial 24 month period, the customer will need to provide a future application establishing additional energy savings and the continuance of the organization's energy efficiency program.)

### Section 6: Cost Effectiveness

The program is cost effective because it has a benefit/cost ratio greater than 1 using the (choose which applies):

- Total Resource Cost (TRC) Test. The calculated TRC value is: \_\_\_\_\_  
(Continue to Subsection 1, then skip Subsection 2)
- ✓ Utility Cost Test (UCT). The calculated **UCT value is 2.21(See Attachment 1 - Appendix 4)**

#### Subsection 1: TRC Test Used (please fill in all blanks).

The TRC value of the program is calculated by dividing the value of our avoided supply costs (generation capacity, energy, and any transmission or distribution) by the sum of our program overhead and installation costs and any incremental measure costs paid by either the customer or the electric utility.

The electric utility's avoided supply costs were \_\_\_\_\_.

Our program costs were \_\_\_\_\_.

The incremental measure costs were \_\_\_\_\_.

Subsection 2: UCT Used (please fill in all blanks).

We calculated the UCT value of our program by dividing the value of our avoided supply costs (capacity and energy) by the costs to our electric utility (including administrative costs and incentives paid or rider exemption costs) to obtain our commitment.

Our avoided supply costs were **\$37,212 (See Attachment 1 - Appendix 5).**

The utility's program costs were **\$6,479 (See Attachment 1 - Appendix 6).**

The utility's incentive costs/rebate costs were **\$5,633 (See Attachment 1 - Appendix 3).**

## **Section 7: Additional Information**

Please attach the following supporting documentation to this application:

Narrative description of the program including, but not limited to, make, model, and year of any installed and replaced equipment.

A copy of the formal declaration or agreement that commits the program or measure to the electric utility, including:

- 1) any confidentiality requirements associated with the agreement;
- 2) a description of any consequences of noncompliance with the terms of the commitment;
- 3) a description of coordination requirements between the customer and the electric utility with regard to peak demand reduction;
- 4) permission by the customer to the electric utility and Commission staff and consultants to measure and verify energy savings and/or peak-demand reductions resulting from your program; and,
- 5) a commitment by the customer to provide an annual report on your energy savings and electric utility peak-demand reductions achieved.

### **Refer to Offer Letter following this application**

A description of all methodologies, protocols, and practices used or proposed to be used in measuring and verifying program results. Additionally, identify and explain all deviations from any program measurement and verification guidelines that may be published by the Commission.





**DUKE ENERGY**  
Mercantile Self Direct Program  
139 East Fourth Street  
Cincinnati, OH 45202  
513 629 5572 fax

June 3, 2013

Mr. Quentin Groves  
Procter and Gamble Company  
11510 Reed Hartman Highway  
Cincinnati, Ohio 45241

Subject: Your **Prescriptive** Application for a Duke Energy Mercantile Self-Direct Rebate

Dear Mr. Groves:

Thank you for your Duke Energy Mercantile Self Direct rebate application. As noted in the Energy Conservation Measure (ECM) chart on page two, a total rebate of \$5,633.00 has been proposed for your chiller tune up project completed in the 2012 calendar year. **All Self Direct Rebates are contingent upon approval by the Public Utilities Commission of Ohio (PUCO).**

At your earliest convenience, please indicate if you accept this rebate by

- providing your signature on page two
- completing the PUCO-required affidavit on page three.

Please return the documents to my attention via fax at 513-629-5572 or e-mail to [SelfDirect@Duke-Energy.com](mailto:SelfDirect@Duke-Energy.com). Upon receipt, Duke Energy will submit the necessary documentation to PUCO. Following PUCO's approval, Duke Energy will remit payment.

At Duke Energy, we value your business and look forward to working with you on this and future energy efficiency projects. We hope you will consider our Smart \$aver® incentives, when applicable. Please contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Grady Reid, Jr.'.

Grady Reid, Jr  
Product Manager  
Mercantile Self Direct Rebates

cc: Mike Harp, Duke Energy  
Rob Jung, Ecova

Please indicate your response to this rebate offer within 30 days of receipt.

Rebate is accepted.

Rebate is declined.

By accepting this rebate, Procter and Gamble affirms its intention to commit and integrate the energy efficiency projects listed on the following pages into Duke Energy's peak demand reduction, demand response and/or energy efficiency programs.

Additionally, Procter and Gamble also agrees to serve as joint applicant in any future filings necessary to secure approval of this arrangement as required by PUCO and to comply with any information and reporting requirements imposed by rule or as part of that approval.

Finally, Procter and Gamble affirms that all application information submitted to Duke Energy pursuant to this rebate offer is true and accurate. Information in question would include, but not be limited to, project scope, equipment specifications, equipment operational details, project costs, project completion dates, and the quantity of energy conservation measures installed.

If rebate is accepted, will you use the monies to fund future energy efficiency and/or demand reduction projects?

YES

NO

If rebate is declined, please indicate reason (optional):

*Justin Graves/JLG*

*Quentin Graves*

*6/3/13*

Customer Signature

Printed Name

Date

### Proposed Rebate Amounts

Measure ID	Energy Conservation Measure (ECM)	Proposed Rebate Amount
ECM-1	Water Cooled Chiller Tune Up – Year 2012 - Spring Grove – FHCIC - (Qty – 7)	\$5633.00
Total		\$5,633.00



Public Utilities Commission

Application to Commit Energy Efficiency/Peak Demand Reduction Programs (Mercantile Customers Only)

Case No.: - - -EL-EEC

State of Ohio :

Quentin Graves, Affiant, being duly sworn according to law, deposes and says that:

1. I am the duly authorized representative of:

Jones Lang Lasalle

[insert customer or EDU company name and any applicable name(s) doing business as]

2. I have personally examined all the information contained in the foregoing application, including any exhibits and attachments. Based upon my examination and inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete.

3. I am aware of fines and penalties which may be imposed under Ohio Revised Code Sections 2921.11, 2921.31, 4903.02, 4903.03, and 4903.99 for submitting false information.

Quentin Graves Facility Manager

Signature of Affiant & Title

Sworn and subscribed before me this 3 day of June, 2013 Month/Year

Luann W. Mays Signature of official administering oath



LUANN W MAYS Notary Public In and for the State of Ohio My Commission Expires

My commission expires on See stamp

## Attachment 1 – Procter and Gamble Spring Grove - FHCIC

### Appendix 1 – Electric History

50402121 01		
DTE ST BERNARD, LLC		
5201 SPRING GROVE		
CINCINNATI, OH 45217		
Date	Days	Actual KWH
4/1/2013	32	2,344,176
3/1/2013	29	2,020,838
2/1/2013	30	2,620,253
1/1/2013	33	3,050,323
12/1/2012	33	3,224,160
11/1/2012	29	2,815,603
10/1/2012	30	1,285,776
9/1/2012	29	1,378,915
8/1/2012	32	1,541,405
7/1/2012	29	1,319,702
6/1/2012	30	1,261,123
5/1/2012	32	973,930
<b>Total</b>		<b>23,836,204</b>

### Appendix 2 – Annual kWh and kW savings

Measure	Measure Amount	Unit of Measure	Annual kWh Gross with losses (per unit)	TOTAL Annual kWh Gross with losses	Saved Summer coincident kW with losses Per Unit	Total KW Gross with losses
Water Cooled Chiller Tune Up - Spring Grove (FHCIC)	5316	Tons	64.46	342,669	0.02	106.3

Existing Energy kWh (Per Unit)	New Energy kWh (Per Unit)	kWh Savings (Per Unit)	Total kWh Savings	Existing Demand-kW (Per Unit)	New Demand (Per Unit)	kW Savings (Per Unit)	Total kW Savings
600	540	60	318960	0.6	0.552	0.048	255.2

Note: After consideration of line losses, total energy savings are **342,669 kWh** and **106.3 summer coincident kW**. These values may also reflect minor DSMore software rounding error

### Appendix 3 – Cash Rebate

Measure	Amount
Water Cooled Chiller Tune Up - Spring Grove (FHCIC)	\$5,633.00

### Appendix 4 – Utility Cost Test

Measure	UCT
Water Cooled Chiller Tune Up - Spring Grove (FHCIC)	2.21

### Appendix 5 – Avoided Supply Costs

Measure	T&D	Production	Capacity	Quantity	Total Avoided Costs
Water Cooled Chiller Tune Up - Spring Grove (FHCIC)	\$1.00	\$4.00	\$2.00	5316	\$37,212

### Appendix 6 – Utility Program Costs

Measure	Qty	Admin Costs	Total Costs
Water Cooled Chiller Tune Up - Spring Grove (FHCIC)	5316	\$1.22	\$6,479

# Ohio Mercantile Self Direct Program

## Application Guide & Cover Sheet

Questions? Call 1-866-380-9580 or visit [www.duke-energy.com](http://www.duke-energy.com).

Email this form along with completed Mercantile Self Direct Prescriptive or Custom applications, proof of payment, energy savings calculations and spec sheets to [SelfDirect@Duke-Energy.com](mailto:SelfDirect@Duke-Energy.com). You may also fax to 1-513-629-5572.

Mercantile customers, defined as using at least 700,000 kWh annually are eligible for the Mercantile Self Direct program. Please indicate mercantile qualification:

- a single Duke Energy Ohio account
- multiple accounts in Ohio (energy usage with other utilities may be counted toward the total)

Please list Duke Energy account numbers below (attach listing of multiple accounts and/or billing history for other utilities as required):

Account Number	Annual Usage	Account Number	Annual Usage
5040-2121-01	26,000,000 kWh		

Self Direct rebates are available for completed Custom projects that have not previously received a Duke Energy Smart Saver® Custom Incentive. Self Direct rebates are applicable to Prescriptive measures that were installed more than 90 days prior to submission to Duke Energy and have not previously received a Duke Energy Prescriptive rebate.

Self Direct Program requirements dictate that certain projects that may be Prescriptive in nature under the Smart Saver program must be evaluated using the Custom process. Use the table on page two as a guide to determine which Self Direct program fits your project(s). Apply for Self Direct projects using the appropriate application forms in conjunction with this cover sheet. Where Mercantile Self Direct Prescriptive applications are listed, please refer to the measure list on that application. If your measure is not listed, you may be eligible for a Self Direct Custom rebate. Self Direct Custom applications, like Smart Saver Custom applications, should include detailed analysis of pre-project and post-project energy usage and project costs. Please indicate which type of rebate applications are included in the table provided on page two.

Please check each box to indicate completion of the following program requirements:

<input checked="" type="checkbox"/> All sections of appropriate application(s) are completed	<input checked="" type="checkbox"/> Proof of payment.*	<input checked="" type="checkbox"/> Manufacturer's Spec sheets	<input type="checkbox"/> Energy model/calculations and detailed inputs for Custom applications
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\* If a single payment record is intended to demonstrate the costs of both Prescriptive & Custom projects, please include an additional document with an estimated breakout of costs for each Prescriptive and Custom energy conservation measure.

Application Type	Replaced equipment at end of lifetime or because equipment failed**	Replaced fully operational equipment to improve efficiency***	New Construction
Lighting	<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> Custom Lighting Worksheet	<input type="checkbox"/> MSD Prescriptive Lighting	<input type="checkbox"/> MSD Prescriptive Lighting
		<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> Custom Lighting Worksheet	<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> Custom Lighting Worksheet
Heating & Cooling	<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet	<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet	<input type="checkbox"/> MSD Prescriptive Heating & Cooling
			<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet
Window Films, Programmable Thermostats, & Guest Room Energy Management Systems	<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom General and/or EMS Worksheet(s)	<input type="checkbox"/> MSD Prescriptive Heating & Cooling	<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom General and/or EMS Worksheet(s)
Chillers & Thermal Storage	<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet	<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet	<input type="checkbox"/> MSD Prescriptive Chillers & Thermal Storage
			<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet
Chiller Tune-ups	<input type="checkbox"/> MSD Prescriptive Chiller Tune-ups	<input checked="" type="checkbox"/> MSD Prescriptive Chiller Tune-ups	<input type="checkbox"/> MSD Prescriptive Chiller Tune-ups
Motors & Pumps	<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet	<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet	<input type="checkbox"/> MSD Prescriptive Motors, Pumps & Drives
			<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet
VFDs	Not Applicable	<input type="checkbox"/> MSD Prescriptive Motors, Pumps & Drives	<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom VFD Worksheet
		<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom VFD Worksheet	
Food Service	<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet	<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet	<input type="checkbox"/> MSD Prescriptive Food Service
			<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet
Air Compressors	<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom Compressed Air Worksheet	<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom Compressed Air Worksheet	<input type="checkbox"/> MSD Prescriptive Process
			<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom Compressed Air Worksheet
Process	<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet	<input type="checkbox"/> MSD Prescriptive Process	<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet
		<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet	
Energy Management Systems	<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom EMS Worksheet	<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom EMS Worksheet	<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom EMS Worksheet
Behavioral*** & No/Low Cost		<input type="checkbox"/> MSD Custom Part 1 <input type="checkbox"/> MSD Custom General Worksheet	

\*\* Under the Self Direct program, failed equipment and equipment at the end of its useful life are evaluated differently than early replacement of fully functioning equipment. **All equipment replacements due to failure or old age will be evaluated via the Custom program.**

\*\*\* Please ensure that you include the age of the replaced equipment for measures classified as "Early Replacement" in your application as well as the estimated date that you would have otherwise replaced the existing equipment if you had not chosen a more energy efficient option.

\*\*\*\* Behavioral energy efficiency and demand reduction projects must be both measurable and verifiable. Provide justification with your application.



# MERCANTILE SELF DIRECT Ohio Chiller Tune-up Service Application

Questions? Call 1-866-380-9580 or visit [www.duke-energy.com](http://www.duke-energy.com).

Email the complete, signed application with all required documents to [SelfDirect@duke-energy.com](mailto:SelfDirect@duke-energy.com) or fax to 513-629-5572.

Is this application:  **NEW** (original) or  **REVISED** (changes made to original application)

Building Type – Required (check one)		
<input type="checkbox"/> Data Centers	<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Office
<input type="checkbox"/> Education/K-12	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Public Assembly
<input type="checkbox"/> Education Other	<input type="checkbox"/> Industrial	<input type="checkbox"/> Public Order/Safety
<input type="checkbox"/> Elder Care/Nursing Home	<input type="checkbox"/> Lodging	<input type="checkbox"/> Religious Worship/Church
<input type="checkbox"/> Food Sales/Grocery	<input type="checkbox"/> Retail (Small Box)	<input type="checkbox"/> Service
<input type="checkbox"/> Fast Food Restaurant	<input type="checkbox"/> Retail (Big Box)	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Other:		
How did you hear about the program? (check one)		
<input checked="" type="checkbox"/> Duke Energy Representative	<input type="checkbox"/> Web Site	<input type="checkbox"/> Radio
<input type="checkbox"/> Contractor / Vendor	<input type="checkbox"/> Other _____	

Please check each box to indicate completion of the following program requirements:

<input checked="" type="checkbox"/> All sections of application	<input checked="" type="checkbox"/> Invoice with make, model number, quantity and equipment manufacturer	<input checked="" type="checkbox"/> Tax ID number for payee	<input checked="" type="checkbox"/> Customer/vendor agree to Terms and Conditions
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Customer Information					
Customer/Business	Praxair & Gamble		Contact	Quentin Graves (JLL)	
Phone	513-698-4540		Account Number	5040-2124-01	
Street Address (Where rebate should be mailed)			11510 Reed Hartman Hwy		
City	Blue Ash	State	Ohio	Zip Code	45241
Installation Street Address			52299 Spring Grove Avenue		
City	Cincinnati	State	Ohio	Zip Code	45217
E-mail Address	Graves.q@pg.com				

\*Failure to provide the account number associated with the location where the installation took place will result in rejection of the application.

Vendor Information					
Vendor			Contact		
Phone			Fax		
Street Address					
City		State		Zip Code	
E-mail Address					

If Duke Energy has questions about this application, who should we contact?  Customer  Vendor

Payment Information		
Who should receive rebate payment?	<input type="checkbox"/> Customer	<input type="checkbox"/> Vendor (Customer must sign below)
I hereby authorize payment of rebate directly to the vendor:	Customer Signature (written signature)	
	Date	
Provide Tax ID Number for Payee	Customer Tax ID #	31-0411980
	Vendor Tax ID #	

Terms and Conditions			
I have read and hereby agree to the Terms & Conditions and Program Requirements.			
Customer Signature	Justin Graves	Vendor Signature	
Date	4/30/13	Date	
Title	JLL Facility Manager	Title	

Rebates are subject to change and may be discontinued at the sole discretion of Duke Energy. Equipment must be installed and operable to be eligible for rebates. As Federal Energy Policy Law changes, equipment efficiency requirements are subject to change.



Air Cooled and Water Cooled Chiller Tune-ups						
Manufacturer and Model #	# of Units	Tons Per unit*	Total Project Cost	Current Service Date	Previous Service Date	Total Rebate
Carrier 19XR	2	1380	\$3,148	1/30/12		\$1,574
Carrier 19XR	3	500	\$4,290	3/07/12		\$2,145
Carrier 19XR	1	556	\$1,574	1/30/12		\$787
York Turbocor	1	500	\$2,254	9/26/12		\$1,127

\*Provide manufacturer's spec sheet documenting the size of the unit

To Calculate your tune-up rebate*:	
A. Add up equipment capacity of all units serviced (in tons) and multiply by \$2/ton =	\$ 10,632
B. Cost of service = 4,266 x 50% of total service cost =	\$ 5,633
<b>Total Rebate (lesser amount of row A or row B)=</b>	<b>\$ 5,633</b>

\*Rebates cannot exceed 50% of total service invoice (external labor and equipment).

**Service Requirements:**

1. This rebate is available only once per unit in a 12 month period.
2. An individual chiller is considered one unit.
3. Copy of paid invoice must be included with this application
4. Self serviced (internal) labor should not be included as part of the total service cost. Only external labor will be considered as part of the total service invoice.
5. Cooling service must include the following normal maintenance items (please check if completed):

<input checked="" type="checkbox"/> Air cooled condenser coil cleaning	<input checked="" type="checkbox"/> Compressor amp draw	<input checked="" type="checkbox"/> Low Pressure controls
<input checked="" type="checkbox"/> System Pressure check and adjust	<input checked="" type="checkbox"/> Supply motor amp draw	<input checked="" type="checkbox"/> High Pressure controls
<input checked="" type="checkbox"/> Filter inspect or replace	<input checked="" type="checkbox"/> Condenser fan(s) amp draw	<input checked="" type="checkbox"/> Crankcase heater operation
<input checked="" type="checkbox"/> Belt inspect or replace	<input checked="" type="checkbox"/> Liquid line temperature	<input checked="" type="checkbox"/> Water cooled chiller condenser tube cleaning
<input checked="" type="checkbox"/> Contactors condition	<input checked="" type="checkbox"/> Suction pressure & temperature	<input checked="" type="checkbox"/> Water cooled chiller evaporator tube cleaning
<input checked="" type="checkbox"/> Evaporator condition	<input checked="" type="checkbox"/> Oil level & pressure	

**Rebate Eligibility**

- Rebates are only available to customers on Duke Energy Ohio non-residential rate.
- Duke Energy Customers who purchase electric generation from an alternative supplier are eligible to participate.
- Rebate will not be paid until eligible equipment has been installed, is available to operate, and verification has been completed by Duke Energy staff as noted in the Term & Conditions stated below.
- Duke Energy reserves the right to revise rebate levels and/or qualifying efficiency levels at anytime.
- Customer may assign the rebate to the vendor who installed/supplied the equipment. The customer's signature is required in the appropriate places on this form to assign the rebate to the vendor. Customer agrees that such an action constitutes an irrevocable assignment of the rebate. This assigned rebate must reduce the purchase price paid for the equipment by an equivalent amount.
- Any equipment which, either separately or as part of a project, has or will receive a rebate from any other Duke Energy program
- In no case will Duke Energy pay a rebate above the actual cost of the service.
- Rebate recipient assumes all responsibilities for any tax consequences resulting from Duke Energy rebate payment.
- To qualify for Duke Energy rebates, applicants who provide their social security number as their federal tax identification number for tax purposes must sign and return the "Customer consent to release personal information" form ("Consent Form") along with the application. Rebate applications are processed by a 3<sup>rd</sup> party vendor. The 3<sup>rd</sup> party vendor is responsible for mailing the 1099 form at the end of the calendar year for tax filing. Duke Energy and the 3<sup>rd</sup> party vendor have signed a confidentiality agreement to protect your personal information. If your social security number is your federal tax ID number and you elect not to sign the Consent Form, please do not send Duke Energy the application, as you will not be qualified to participate in the rebate program.



# DeBra-Kuempel

MECHANICAL - ELECTRICAL

An ENCOR Company

Remit to: P.O. Box 701620  
Cincinnati, OH 45270-1620

BILLED BY: JULIE B. #513-527-8137

INVOICE DATE  
00699115 9/30/12

CUSTOMER:  
21962  
PAM  
JONES LANG LASALLE AMERICAS-P&G  
ACCOUNTING  
PO BOX 5126  
CINCINNATI, OH 45201-5126  
698-6547

JOB ADDRESS:  
  
JLL/P&G / F&HC / CHILLERS-12/12  
5299 SPRING GROVE AVENUE  
CINCINNATI, OH 45217

Customer PO No.: 768724-OP-4014408000 Job Number...: 244402  
Bill Contract: 244402

REFERENCE DESCRIPTION	AMOUNT
JLL P&G @ F&HC/CHILLER MAINTENANCE 1/1/2012 THRU 12/31/2012 PREVENTIVE MAINTENANCE	11,266.00

*R- W- )*

Now Accepting Visa/MC/AMX for Payment of Invoices.	SUB-TOTAL	11,266.00
A Service Charge of 1.5% per Month will be charged on All Past Due Accts.	TAX	732.29
	AMOUNT PAID	.00
	AMOUNT DUE	11,998.29
	REMITTANCE DUE ON RECEIPT	

DeBra-Kuempel	3976 Southern Avenue	Cincinnati, Ohio 45227	Phone 513-271-6500	Fax 513-271-4676
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# SERVICE REPORT



Job #: 244401 Date: 01/30/12 Tech: 149 Unit: #1D

Equip/Mfg: CARRIER Model: 19XR

Serial #: \_\_\_\_\_

Status:  Complete  Incomplete  Follow-up

Customer Name: P&G M. Lendon Acct Mgr: TV

Site Address: Unit 577

City: Cin State: OH Zip: \_\_\_\_\_

Bill To: Jones Lang Kasell

Equipment Location: \_\_\_\_\_

Purpose of Call: Annual maintenance on chillers

Description of Work:  
Changed drives & oil filters  
Leak check machine  
Review fault history  
Checked operation & tested chiller

Recommendations: \_\_\_\_\_

- Lock Out/Tag Out
- LO/TO Permit
- Ladder (Tie Off)
- Lifting Eqpt/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- PPE Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantities				Part Number	DeBra-Kuempel P.O.#	Date of / Reorder / Unit Description
Each	Box	Ship	Pic Order			

Technical Reports Completed:

AC Check Out  Refrig. Check Out  Refrig. Job Site Rpt.  Heating Check Out

Add. Material Rpt.  Start Up Rpt.  Comp. Failure

Tech	Date	Hours	Rate
<u>Ed Maddox</u>	<u>1-30</u>	<u>7 1/2</u>	<u>41</u>

- Tool Usage:
- Vac. Pump
  - Comb. Analyzer
  - Torch
  - Rec. Unit
  - Crane
  - Lift
  - Auger
  - Sewer Camera
  - Other \_\_\_\_\_

# of Deliveries to Job:

Authorized Signature: \_\_\_\_\_ Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_  
I have authority to order this work; which has been satisfactorily performed. I agree to the terms and conditions described on the reverse side.

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513.271.6500

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1948 W. Dorothy Ln. • Dayton, OH 45439  
937.531.5455

**Maysville**  
702 Parker Ln. • Maysville, KY 41056  
606.536.8505

**Louisville**  
3600 Chamberlain Drive, Suite 358 • Louisville, KY 402  
502.368.0454

**24 Hour Service 513.271.6500**  
OFFICE

# SERVICE REPORT



Job #: 244402 Date: 03/07/12 Tech: 149 Unit:   

Equip/Mfg: CARRIER Model: 19XR

Serial #: \_\_\_\_\_

Status:  Complete  Incomplete  Follow-up

Customer Name: PTG F&H Acct Mgr: TV

Site Address: JUNG STR.

City: Cm State: oh Zip: \_\_\_\_\_

Bill To: JAMES HANG HANDEL

Equipment Location: Basement HISTORIC

Purpose of Call: Annual Maintenance

Description of Work: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Took oil samples from 2 Carrier chillers. Filled oil paper work. Turned samples in at shop for shipping.

- Lock Out/Tag Out
- LO/TO Permit
- Ladder (Tie Off)
- Lifting Eqpt/Menpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- 70E Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantities:				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
Cash	Stock	Shop	Pol. Order			

Technical Reports Completed:

AC Check Out  
 Refrig. Check Out  
 Refrig. Job Site Rpt.  
 Heating Check Out  
 Add. Material Rpt.  
 Start Up Rpt.  
 Comp. Failure

Tool Usage:

Vac. Pump  
 Comb. Analyzer  
 Torch  
 Rec. Unit  
 Crane  
 Lift  
 Auger  
 Sewer Camera  
 Other \_\_\_\_\_

Tech	Date	Hours	Rate
<u>ED Madala</u>	<u>3-7</u>	<u>2</u>	<u>X1</u>

# of Deliveries to Job:   

Authorized Signature: \_\_\_\_\_ Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_

I have authority to order this work; which has been satisfactorily performed I agree to the terms and conditions described on the reverse side

# SERVICE REPORT



Job #: 244 402  
0000

Date: 03/09/12

Tech: 4954 Unit:     

Equip/Mfg: Carrier

Model: 19XR-474738SCQS

Serial #: 063488

Status:  Complete  Incomplete  Follow-up

Customer Name: P&G F&HC Acct Mgr: TV

Site Address: \_\_\_\_\_

City: Cincinnati State: Ohio Zip: \_\_\_\_\_

Bill To: \_\_\_\_\_

Equipment Location: Chiller Room

Purpose of Call: \_\_\_\_\_

Description of Work: Replaced the filter drivers on chiller #3 and also the oil filter as well.

Recommendations: \_\_\_\_\_

- Lock Out/Tag Out
- LO/TO Permit
- Ladder (Tie Off)
- Lifting Eqpl/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE-Permit
- 70E Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
Cash	Truck	Shop	Part Order			
		<u>3</u>			<u>694322</u>	<u>Filters and Drivers</u>
		<u>0</u>				
		<u>0</u>				

Technical Reports Completed:

AC Check Out     Refrig. Check Out     Refrig. Job Site Rpt.     Heating Check Out

Add. Material Rpt.     Start Up Rpt.     Comp. Failure

Tool Usage:

Vac. Pump     Comb. Analyzer     Torch

Rec. Unit     Crane     Lift

Auger     Sewer Camera

Other \_\_\_\_\_

Tech	Date	Hours	Rate
<u>Eric Folsenlogen</u>	<u>3/09/12</u>	<u>5</u>	

# of Deliveries to Job:     

Authorized Signature: Customer not available, left copy Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_  
I have authority to order this work; which has been satisfactorily performed. I agree to the terms and conditions described on the reverse side.

Cincinnati    Dayton    Maysville    Louisville

3575 Southern Ave • Cincinnati, OH 45227    1940 W. Dorothy Ln • Dayton, OH 45419    702 Parker Dr • Maysville, KY 41056    1600 Champlain Dr, Suite 35B • Louisville, KY 40241

513.271.6500    937.531.5457    606.536.6575    502.358.0454

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# SERVICE REPORT



Job #: 244402 Date: 03/12/12 Tech: 4954 Unit:     

Equip/Mfg: Carrier Model: 19XR-4747385CQS

Serial #: Q63488

Status:  Complete  Incomplete  Follow-up

Customer Name: PEG FHC Acct Mgr: TV

Site Address: \_\_\_\_\_

City: Cincinnati State: Ohio Zip: \_\_\_\_\_

Bill To: \_\_\_\_\_

Equipment Location: Chiller Room

Purpose of Call: \_\_\_\_\_

Description of Work: Per checked chiller. Max oil pump oil pump reset oil pump function and logged volts/amps. Checked all wiring and connections in control panel and oil pump/oil heater panel. Checked oil heater operation/ logged volts/amps.

Recommendations: \_\_\_\_\_

- Lock Out/Tag Out
- LO/TO Permit
- Ladder (Tie Off)
- Lifting Eqpt/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- 70E Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantities				Part Number	DeBra-Kuempel P.O.#	Material / Rental / Tool Description
Each	Truck	Shop	Per Order			

Technical Reports Completed:

AC Check Out  Refrig. Check Out  Refrig. Job Site Rpt.  Heating Check Out

Add. Material Rpt.  Start Up Rpt.  Comp. Failure

Tool Usage:

Vac Pump  Comb. Analyzer  Torch

Rec Unit  Crane  Lift

Auger  Sewer Camera

Other \_\_\_\_\_

Tech	Date	Hours	Rate
<u>Eric Falkenberg</u>	<u>3/12/12</u>	<u>8</u>	<u>RT</u>

# of Deliveries to Job:     

Authorized Signature: [Signature] Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_

I have authority to order this work; which has been satisfactorily performed I agree to the terms and conditions described on the reverse side.

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Maysville 762 Parks Dr. • Maysville KY 41056 606 536 8505

Louisville 3600 Chamberlain Drive, Suite 358 • Louisville KY 40201 502 358 0454

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OFFICE

**SERVICE REPORT**



Job #: 244902 Date: 09/26/12 Tech: 0173 Unit:     

Equip/Mfg: TURBOCOR/YORK Model:     

Serial #:     

Status:  Complete  Incomplete  Follow-up

Customer Name: PEG FPHC Acct Mgr: N

Site Address:     

City:      State:      Zip:     

Bill To:     

Equipment Location: 0607

Purpose of Call: TURBOCOR MAINTENANCE

Description of Work: WENT OVER MACHINE W/ H-10 LEAK DETECTOR, FOUND NONE. WITH MACHINE LOCKED OUT, WENT OVER ELECTRICAL CONNECTIONS, HOOKED UP LAPTOP & SAVED FAULT HISTORY OF PREVIOUS EVENTS. RECOVERED REFRIGERANT FROM LIQ. INJECTION CIRCUIT & CHANGED H48 DRIER CORE - EVACUATED

Recommendations: PUT BACK INTO SERVICE. WIPED DOWN MACHINE. MET W/ JOHN D. WITH JLL. WENT OVER SAFETY CHECKS ON HIGH # SWITCH (190 CUT OUT) (LOW # SWITCH 25/37) BOTH SHUT DOWN CHILLER ALSO CHECKED LOW TEMP CUT-OUT - CHECKS OK

- Lock Out/Tag Out
- LOTO Permit
- Ladder (Tie Off)
- Lifting Eq/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- TOE Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other

Quantities				Part Name:	DeBra-Kuempel P.O. #	Material / Rental / Inst Description
Cash	Truck	Shop	Part Order			
	1					H 48 CORE
	1					NITROGEN USAGE

Technical Reports Completed:

- AC Check Out
- Refrig. Check Out
- Refrig. Job Site Rpt.
- Heating Check Out
- Add. Material Rpt.
- Start Up Rpt.
- Comp. Failure

Tool Usage:

- Vac. Pump
- Comb. Analyzer
- Torch
- Rec. Unit
- Crane
- Lift
- Auger
- Sewer Camera
- Other

Tech	Date	Hours	Rate
BOB LANG	9/26	3 1/2	ST
	9/27	8	ST

# of Deliveries to Job: 1

Authorized Signature: [Signature]

Customer P.O.#:     

Total:     

I have authority to order this work; which has been satisfactorily performed. I agree to the terms and conditions described on the reverse side.

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[Back to Product Description](#)

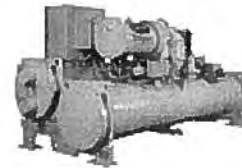


## 19XR EVERGREEN®

High-Efficiency  
Hermetic Centrifugal Chiller

19XR  
200 to 1,600 Nominal Tons (703 to 5627 kW)

19XRV with Variable frequency Drive  
200 to 1,600 Nominal Tons (703 to 5627 kW)



The Evergreen 19XR,XRV centrifugal chillers achieve energy efficiency levels using proven technology designed specifically for chlorine-free refrigerant. This combination ensures the most cost-effective, reliable solution for today's comfort cooling and process cooling applications.

Carrier's Evergreen chillers offer the best value in high-efficiency, chlorine-free centrifugal HVAC chillers.

### Performance Features

- IPLV to 0.35 (19XRV)
- Chlorine-free HFC-134a refrigerant
- Hermetic compressor motor
- Low energy consumption during part load and full load operation
- Aerodynamically contoured impeller
- Multilingual display
- Compatible with Carrier Comfort Network® (CCN) communication link

### Reliability Features

- ASME constructed heat exchangers
- Single-stage positive-pressure compressor
- Low voltage control circuits
- Lowest industry refrigerant leakage rate at less than 0.1%
- Hermetically sealed compressor, motor, and transmission
- Automated controls may be tested before start-up
- Refrigerant-cooled, unit-mounted variable frequency drive (19XRV)

### Maintenance Features

- Password protected extensive service menu with built-in diagnostic capabilities, troubleshooting, and corrective action recommendations for preset alarms
- Alarm and alert files maintain the last 25 time and date stamped messages in memory
- Configuration data backup with non-volatile memory
- Thermistor-type temperature sensor with quick connects in each water nozzle
- Refrigerant isolation valves for in-chiller refrigerant storage (factory-installed option)
- Unit-mounted pumpout unit for storing refrigerant inside the chiller during servicing (factory-installed option)
- Service contract available



**Installation Features**

- Low voltage control circuits
- Refrigerant cooled unit mounted VFD
- Less than 0.1% refrigerant leakage rate - lowest in the industry
- Compressor, motor, and transmission hermetically sealed
- Automated controls test on startup

**Standard Warranty**

- One year from start-up or 18 months from shipment
- Refrigerant warranty 5 years from date of manufacture
- Extended warranties available

**Factory-Installed Options**

Enhanced tubing, .028 or .035 in. (0.711 or 0.889 mm):

- Internally/externally enhanced copper tubing - cooler/condenser
- Internally/externally enhanced cupronickel tubing - condenser
- Smooth bore/externally enhanced copper tubing - cooler/condenser
- Smooth bore/externally enhanced cupronickel tubing - condenser

Wall tubes, titanium, condenser, .025 or .028 in. (0.635 or 0.711 mm):

- Internally enhanced tubes
- Smooth bore tubes

Marine waterboxes (available heat exchanger frames 3-8 only):

- 150 psig (1034 kPa) waterbox
- 300 psig (2068 kPa) waterbox, ASME certified

Marine bolt-on waterboxes for condenser, 150 psig (1034 kPa) with cupronickel or titanium clad tubesheets (available on condenser frame sizes 3 to 8 only)

Nozzle-in-head waterbox, 300 psig (2068 kPa)

Flanged cooler and/or condenser waterbox nozzles

Waterbox hinges

Unit-mounted, low-voltage wye-delta or solid-state starters

One, 2, or 3 pass cooler or condenser waterside construction

Zinc anodes

DataLINK™ or DataPort™ communication device

Refrigerant isolation valves

Shipped factory charged with refrigerant

Unit-mounted pumpout unit

Hot gas bypass

Unit-mounted variable frequency drive

Thermal insulation (except waterbox covers)

Customer factory performance testing

Export crating

**Field-Installed Accessories**

Unit-mounted variable frequency drive

DataLINK™ or DataPort™ communication device

LonWorks® Carrier translator

- Sensor package

---

- Separate storage tank and pumpout unit

---

- Stand-alone pumpout unit

---

- Soleplate package

---

- Spring isolator kit

---

- Acoustical sound insulation kit

---

- Discharge line sound reduction kit

---

## SEISMICOMPLIANT™

\* Meets IBC 2006, ASCE 7-05, CBC 2007, and OSHPD seismic requirements



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## PAYMENT INFORMATION

Duke Energy Account number **50402121** is held in the name of "**DTE St. Bernard, LLC**" and concerns service to the following address: **5201 Spring Grove, Cincinnati, OH 45217**.

As the account holder or the authorized representative of the account holder, I hereby represent and warrant to Duke Energy that the person or entity identified below has paid for the energy efficiency measures listed in this application, as a result the account holder asserts no claim to payment of the incentives related to this application, and I authorize Duke Energy to pay the incentives related to the application directly to:

The Procter & Gamble Company

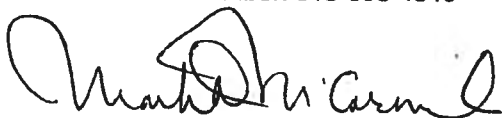
11510 Reed Hartman Hwy

Blue Ash, Ohio 45251

Attn: Quentin Graves

---

Office & Mobile Number: 513-698-4540



---

Authorized Signature, Duke Energy Account Holder

MARK D. MCCORMICK

---

Printed Name of the Duke Energy Account Holder or  
Authorized representative signing above

4/22/13  
Date

**SERVICE REPORT**



Job #: 244402 Date: 09/26/12 Tech: 0173 Unit: #1

Equip/Mfg: TURBOCOR/VORK Model: \_\_\_\_\_

Serial #: \_\_\_\_\_

Status:  Complete  Incomplete  Follow-up

Customer Name: PGA FAHC Acct Mgr: N

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bill To: \_\_\_\_\_

Equipment Location: 0E07

Purpose of Call: TURBOCOR MAINTENANCE

Description of Work: WENT OVER MACHINE W/ H-10 LEAK DETECTOR, FOUND NONE. WITH MACHINE LOCKED OUT. WENT OVER ELECTRICAL CONNECTIONS, HOOKED UP LAPTOP & SAVED FAULT HISTORY OF PREVIOUS EVENTS. RECOVERED REFRIGERANT FROM LIQ. INFLECTION CIRCUIT & CHANGED H48 DRIER CORE - EVACUATED

Recommendations: FPUT BACK INTO SERVICE. WIPED DOWN MACHINE. MET W/ JOHN D. WITH JLL. WENT OVER SAFETY CHECKS ON HIGH # SWITCH (190 CUT OUT) (LOW # SWITCH 25/37) BOTH SHUT DOWN CHILLER ALSO CHECKED LOW TEMP CUT-OUT - CHECKS OK

- Lock Out/Tag Out
- LOTO Permit
- Ladder (Tie Off)
- Lifting Eqpl/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- TOE Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantities				Part Number	Debra-Kuempel P.O. #	Material / Model / Part Description
Each	Unit	Sub	Part Group			
	1					H 48 CORE
	1					NITROGEN USAGE

Technical Reports Completed:

- AC Check Out
- Refrig. Check Out
- Refrig. Job Site Rpt.
- Hoisting Check Out
- Add. Material Rpt.
- Start Up Rpt.
- Comp. Failure

Tool Usage:

- Vac. Pump
- Comb. Analyzer
- Torch
- Rec. Unit
- Crane
- Lift
- Auger
- Sewer Camera
- Other \_\_\_\_\_

Tech	Date	Hours	Rate
<u>BOB LANG</u>	<u>9/26</u>	<u>3 1/2</u>	<u>ST</u>
	<u>9/27</u>	<u>8</u>	<u>ST</u>

# of Deliveries to Job: 1

Authorized Signature: [Signature] Customer P.O. # \_\_\_\_\_ Total: \_\_\_\_\_  
I have authority to order this work, which has been satisfactorily performed. I agree to the terms and conditions described on the reverse side.

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**Maysville**  
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**Louisville**  
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**24 Hour Service 513.271.6500**

OFFICE

5999



# SERVICE REPORT



Job #: 055494 Date: 02/21/13 Tech: 0517 Unit: 12

Equip/Mfg: Carrier Model: 19

Serial #: \_\_\_\_\_

Status:  Complete  Incomplete  Follow-up

- Lock Out/Tag Out
- LO/TO Permit
- Ladder (Tie Off)
- Lifting Eqpt/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- 70E Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Customer Name: P+B Acct Mgr: N

Site Address: June ST

City: Cincinnati State: Ohio Zip: \_\_\_\_\_

Bill To: \_\_\_\_\_

Equipment Location: MECA RM (BASEMENT)

Purpose of Call: Installing END bells for condensers

Description of Work: Arrived at worksite. Checked in with Dave Byrd who is our JLL contact. My P+B badge had expired so Dave helped me get it updated so I had access. Once I had access carried equipment to work area. Set up my straps and chainfall. Put condenser end bell back on chiller #1+2 back filled leak checked and reinsulated.

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
Cash	Truck	Shop	Pur. Order			

**Technical Reports Completed:**

- AC Check Out  Refrig. Check Out  Refrig. Job Site Rpt.  Heating Check Out
- Add. Material Rpt.  Start Up Rpt.  Comp. Failure

**Tool Usage:**

- Vac. Pump  Comb. Analyzer  Torch
- Rec. Unit  Crane  Lift
- Auger  Sewer Camera
- Other \_\_\_\_\_

Tech	Date	Hours	Rate
<i>[Signature]</i>	02/21/13	4	
<i>[Signature]</i>	02/21/13	4	

# of Deliveries to Job:

Authorized Signature: \_\_\_\_\_ Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_

*I have authority to order this work; which has been satisfactorily performed. I agree to the terms and conditions described on the reverse side.*

# SERVICE REPORT

**DeBra-Kuempel**  
Mechanical-Electrical  
An EMCOR Company

Job #: 244402      Date: 03/07/12      Tech: 149      Unit: #2

Equip/Mfg: CARRIER      Model: 19XR

Serial #: \_\_\_\_\_

Status:  Complete     Incomplete     Follow-up

Customer Name: PG FHC      Acct Mgr: TV

Site Address: JUNO STV.

City: CM      State: OH      Zip: \_\_\_\_\_

Bill To: JAMES HANG LABELLE

Equipment Location: BASINAWT HISTORIC

Purpose of Call: ANNUAL MAINTENANCE

Description of Work:  
Took oil samples from 2 Carrier  
chillers. Filled oil paper work  
Turned samples in at shop for shipping

Recommendations: \_\_\_\_\_

- Lock Out/Tag Out
- LO/TO Permit
- Ladder (Tie Off)
- Lifting Eqpt/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- 70E Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantities				Part Number	Delta Estimate P.O.#	Material / Rebuild / Job Description
Cash	Track	Shop	Part Price			

<b>Technical Reports Completed:</b> <input type="checkbox"/> AC Check Out <input type="checkbox"/> Refrig. Check Out <input type="checkbox"/> Refrig. Job Site Rpt. <input type="checkbox"/> Heating Check Out <input type="checkbox"/> Add. Material Rpt. <input type="checkbox"/> Start Up Rpt. <input type="checkbox"/> Comp. Failure				<b>Tool Usage:</b> <input type="checkbox"/> Vac. Pump <input type="checkbox"/> Comb. Analyzer <input type="checkbox"/> Torch <input type="checkbox"/> Rec. Unit <input type="checkbox"/> Crane <input type="checkbox"/> Lift <input type="checkbox"/> Auger <input type="checkbox"/> Sewer Camera <input type="checkbox"/> Other _____			
Tech	Date	Hours	Rate				
<u>Ed Maddux</u>	<u>3-7</u>	<u>2</u>	<u>X1</u>				

# of Deliveries to Job:

Authorized Signature: \_\_\_\_\_ Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_  
 I have authority to order this work, which has been satisfactorily performed I agree to the terms and conditions described on the reverse side.

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**SERVICE REPORT**



Page \_\_\_ of \_\_\_

Job #: 55206 Date: 03/08/12 Tech: 149 Unit: #2

Equip/Mfg: CARRIER Model: 19XR

Serial #: \_\_\_\_\_

Status:  Complete  Incomplete  Follow-up

Customer Name: PTG FHC Acct Mgr: \_\_\_\_\_

Site Address: JUNE ST

City: CIN State: OH Zip: \_\_\_\_\_

Bill To: JONES LANG LASALLE

Equipment Location: HISTORIC WING BASEMENT

Purpose of Call: Annual maintenance / tube brushing

Description of Work: Worked Eric Holzwasen through

process to get access base.

Helped to set gantry set up over chiller

to remove compressor and belts.

Reviewed maintenance work to be done with

Eric.

89 Moved gantry to the other chiller.

- Lock Out/Tag Out
- LOTO Permit
- Ladder (Tie Off)
- Lifting Equip/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- EOE Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
Case	Truck	Shop	Pur. Ord#			

**Technical Reports Completed:**

- AC Check Out
- Refrig. Check Out
- Refrig. Job Site Rpt.
- Heating Check Out
- Add. Material Rpt
- Start Up Rpt
- Comp. Failure

**Tool Usage:**

- Vac. Pump
- Comb. Analyzer
- Torch
- Rec. Unit
- Crane
- Lift
- Auger
- Sewer Camera
- Other \_\_\_\_\_

Tech	Date	Hours	Rate
<u>Ed Madvix</u>	<u>3-8</u>	<u>4</u>	<u>X1</u>
<u>Ed Madvix</u>	<u>3-9</u>	<u>2</u>	<u>X1</u>

# of Deliveries to Job:

Authorized Signature: \_\_\_\_\_ Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_  
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# SERVICE REPORT



**DeBra-Kuempel**

Mechanical-Electrical  
An EMCOR Company

#2 and

Job #: 55206 Date: 03/09/12 Tech: 4954 Unit: #2

Equip/Mfg: Carrier Model: 19XR-4747385CAS

Serial #: Q163488

Status:  Complete  Incomplete  Follow-up

Customer Name: PEG FHC Acct Mgr: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: Cincinnati State: Ohio Zip: \_\_\_\_\_

Bill To: \_\_\_\_\_

Equipment Location: Chiller Room

Purpose of Call: \_\_\_\_\_

Description of Work: Drained the condenser barrel on chiller #3. Pumped the tubes, removed the condenser water strainer and cleaned it and reinstalled strainer and head as well as reinstalled condenser barrel head and refilled barrel with nitrogen. Replaced condenser barrel and pumped tubes on chiller #4. Cleaned condenser tubes as well.

Recommendations: \_\_\_\_\_

- Lock Out/Tag Out
- LOTO Permit
- Ladder (Tie Off)
- Lifting Equip/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
  - Fire Alarm Syst Disabled
  - Hot Work Permit
  - Fire Watch
  - Explosion
  - Chemical Hazard
  - Customer Site Specific
  - Confined Space Entry
  - CSE Permit
  - 70E Elect PPE
  - Air Quality Monitor
  - Appropriate PPE
  - Other \_\_\_\_\_

Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
Cash	Truck	Shop	Part Order			
	012			-075		Tube Cleaning Brushes
	0					<del>Extra tubes</del>
	0					<del>Extra tube</del>
						<del>Extra tube</del>

**Technical Reports Completed:**

- AC Check Out
- Refrig. Check Out
- Refrig. Job Site Rpt.
- Heating Check Out
- Add. Material Rpt.
- Start Up Rpt.
- Comp. Failure

**Tool Usage:**

- Vac Pump
- Comb. Analyzer
- Torch
- Rec. Unit
- Crane
- Lift
- Auger
- Sewer Camera
- Other \_\_\_\_\_

Tech	Date	Hours	Rate
Eric Foltzberger	3/08/12	8	RT
Eric Foltzberger	3/09/12	3	RT
Eric Foltzberger	3/13/12	7	RT

# of Deliveries to Job:

Authorized Signature: Customer not available Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_  
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# SERVICE REPORT DeBra-Kuempel

Mechanical-Electrical  
An EMCOR Company

Page      of     

Job #: 55206 Date: 03/09/12 Tech: 4954 Unit: #3 *#2 and*

Equip/Mfg: Carrier Model: 19XR-4747385CAS

Serial #: Q63488

Status:  Complete  Incomplete  Follow-up

Customer Name: PEG FHC Acct Mgr:     

Site Address:     

City: Cincinnati State: Ohio Zip:     

Bill To:     

Equipment Location: Shuttle Room

Purpose of Call:     

Description of Work: Diagnosed the condenser barrel on chiller #3. Purchased tap water, removed the condenser water strainer and cleaned it and reinstalled strainer and head as well as reinstalled condenser barrel head and refilled barrel and pipes. Diagnosed condenser barrel and purchased tap water on chiller #3. Cleaned cond. strainer as well.

Recommendations:     

- Lock Out/Tag Out
- LOTO Permit
- Ladder (Tie Off)
- Lifting Equip/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- 70E Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other

Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
Cash	Truck	Shop	Pur. Order			
	<u>8/12</u>			<u>-075</u>		<u>Tube Cleaning Brushes</u>
	<u>0</u>	<u>0</u>				<u>Extra for [unclear]</u>
	<u>0</u>	<u>0</u>				<u>Extra for [unclear]</u>

**Technical Reports Completed:**

- AC Check Out
- Refrig. Check Out
- Refrig. Job Site Rpt.
- Heating Check Out
- Add. Material Rpt.
- Start Up Rpt.
- Comp. Failure

Tech	Date	Hours	Rate
<u>Eric Falzenberger</u>	<u>3/08/12</u>	<u>8</u>	<u>RT</u>
<u>Eric Falzenberger</u>	<u>3/09/12</u>	<u>3</u>	<u>RT</u>
<u>Eric Falzenberger</u>	<u>3/13/12</u>	<u>7</u>	<u>RT</u>

**Tool Usage:**

- Vac. Pump
- Comb. Analyzer
- Torch
- Rec. Unit
- Crane
- Lift
- Auger
- Sewer Camera
- Other

# of Deliveries to Job:     

Authorized Signature: Customer not available staff copy Customer P.O.#:      Total:       
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# SERVICE REPORT



Job #: 244 402  
0000

Date: 03/09/12

Tech: 4954

Unit: #3

Equip/Mfg: Carrier

Model: 19XR-4747385CQ8

Serial #: 063488

Status:  Complete  Incomplete  Follow-up

Customer Name: PEG FEHC

Acct Mgr: TV

Site Address: \_\_\_\_\_

City: Cincinnati State: Ohio Zip: \_\_\_\_\_

Bill To: \_\_\_\_\_

Equipment Location: Chiller Room

Purpose of Call: \_\_\_\_\_

Description of Work: Replaced the filter drivers on chiller #3 and also the oil filter on wall.

Recommendations: \_\_\_\_\_

- Lock Out/Tag Out
- LOTO Permit
- Ladder (Tie Off)
- Lifting Eqp/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- 70E Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantities				Part Number	DeBra Part # P.O.#	Material / Rental / Tool Description
Cash	Truck	Shop	Per Unit			
		<u>3</u>			<u>C94122</u>	<u>Filters and Drivers</u>
		<u>0</u>				
		<u>0</u>				

Technical Reports Completed:

AC Check Out  Refrig. Check Out  Refrig. Job Site Rpt.  Heating Check Out

Add Material Rpt.  Start Up Rpt.  Comp. Failure

Tool Usage:

Vac. Pump  Comb. Analyzer  Torch

Rec. Unit  Crane  Lift

Auger  Sewer Camera

Other \_\_\_\_\_

Tech	Date	Hours	Rate
<u>Eric Foltzberger</u>	<u>3/09/12</u>	<u>5</u>	

# of Deliveries to Job:

Authorized Signature: Customer not available, Jeff Lopez Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_

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# SERVICE REPORT

**DeBra-Kuempel**  
Mechanical-Electrical  
An EMSOR Company

Job #: 244402      Date: 03/12/12      Tech: 4954      Unit: #3

Equip/Mfg: Carrier      Model: 19XR-4747385CQS

Serial #: Q63488

Status:  Complete     Incomplete     Follow-up

Customer Name: PEG FHC      Acct Mgr: TV

Site Address: \_\_\_\_\_

City: Cincinnati      State: Ohio      Zip: \_\_\_\_\_

Bill To: \_\_\_\_\_

Equipment Location: chiller room

Purpose of Call: \_\_\_\_\_

Description of Work: Per checked chiller. Rep checked oil pump and tested oil pump function and logged water sample. Checked all wiring and connections in control panel and oil pump/oil heater panels. Checked oil heater operation. Logged water sample.

Recommendations: \_\_\_\_\_

- Lock Out/Tag Out
- LOTO Permit
- Ladder (Tie Off)
- Lifting Eqpt/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- 70E Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantities				Part Number	DeBra Account P.O.#	Material / Parts / Tool Description
Task	Track	Ship	Part Order			

**Technical Reports Completed:**

- AC Check Out     Refrig. Check Out     Refrig. Job Site Rpt.     Heating Check Out  
 Add. Material Rpt.     Start Up Rpt.     Comp. Failure

**Tool Usage:**

- Vac Pump     Comb. Analyzer     Torch  
 Rec Unit     Crane     Lift  
 Auger     Sewer Camera  
 Other \_\_\_\_\_

Name	Date	Hours	Rate
<u>Eric Falckenberg</u>	<u>3/12/12</u>	<u>8</u>	<u>RT</u>

# of Deliveries to Job:     

Authorized Signature: Customer not available Eric Falckenberg      Customer P.O.#: \_\_\_\_\_      Total: \_\_\_\_\_  
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# SERVICE REPORT



## DeBra-Kuempel

Mechanical-Electrical  
An EMCOR Company

Job #: 244401 Date: 11/14/11 Tech: 149 Unit: 1A

Equip/Mfg: CARRIER Model: 19XR5557

Serial #: 4101966111

Status:  Complete  Incomplete  Follow-up

Customer Name: PTG F+AC Millennium Acct Mgr: Tom V

Site Address: Vine St

City: Cm State: OH Zip: \_\_\_\_\_

Bill To: General

Equipment Location: Mechanical Room

Purpose of Call: Annual Maintenance on chillers

Description of Work:  
Began Leak, checking chillers  
Took oil samples from each chiller  
and filled out paperwork

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Lock Out/Tag Out
- LO/TO Permit
- Ladder (Tie Off)
- Lifting Eqpt/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- 70E Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
Cash	Truck	Shop	Pur. Order			

Technical Reports Completed:

AC Check Out    Refrig. Check Out    Refrig. Job Site Rpt.    Heating Check Out

Add. Material Rpt.    Start Up Rpt.    Comp. Failure

Tool Usage:

Vac. Pump    Comb. Analyzer    Torch

Rec. Unit    Crane    Lift

Auger    Sewer Camera

Other \_\_\_\_\_

Tech	Date	Hours	Rate
<u>Ed V Medda</u>	<u>11-14</u>	<u>4 1/2</u>	<u>X1</u>

# of Deliveries to Job:

Authorized Signature: [Signature] Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_

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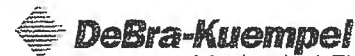
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# SERVICE REPORT



Mechanical-Electrical  
An EMCOR Company

*1 B and*  
1A

Job #: 244401 Date: 11/22/11 Tech: 149 Unit: 1A

Equip/Mfg: CARRIER Model: 19XR5557

Serial #: 4101Q66111

Status:  Complete  Incomplete  Follow-up

Customer Name: PTG M. Whelan's Wing Acct Mgr: Tom

Site Address: Wine Str

City: Cin State: Oh Zip: \_\_\_\_\_

Bill To: James Lang, Local

Equipment Location: Mechanical Room

Purpose of Call: Annual maintenance on chillers

Description of Work: \_\_\_\_\_

Changing oil filters and refrigerant filters on chillers #1-A & #1-B  
Check operating parameters and safety devices

Recommendations: Chiller #4 running high oil pressure 37#

- Lock Out/Tag Out
- LO/TO Permit
- Ladder (Tie Off)
- Lifting Eqpt/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- 70E Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
Cash	Truck	Shop	Pur. Order			
			<input checked="" type="checkbox"/>		<u>683855</u>	<u>Drivers</u>

### Technical Reports Completed:

- AC Check Out
- Refrig. Check Out
- Refrig. Job Site Rpt.
- Heating Check Out
- Add. Material Rpt.
- Start Up Rpt.
- Comp. Failure

### Tool Usage:

- Vac. Pump
- Comb. Analyzer
- Torch
- Rec. Unit
- Crane
- Lift
- Auger
- Sewer Camera
- Other \_\_\_\_\_

Tech	Date	Hours	Rate
<u>Ed Maddox</u>	<u>11-22</u>	<u>8</u>	<u>X1</u>
<u>Ed Maddox</u>	<u>11-23</u>	<u>8</u>	<u>X1</u>

# of Deliveries to Job:

Authorized Signature: [Signature] Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_  
I have authority to order this work; which has been satisfactorily performed. I agree to the terms and conditions described on the reverse side.

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SERVICE REPORT



Job #: 244401 Date: 11/22/11 Tech: 0580 Unit: 1-A

Equip/Mfg: CARRIER Model: \_\_\_\_\_

Serial #: \_\_\_\_\_

Status:  Complete  Incomplete  Follow-up

Customer Name: P+G Acct Mgr: IV

Site Address: \_\_\_\_\_

City: Cincinnati State: OH Zip: \_\_\_\_\_

Bill To: \_\_\_\_\_

Equipment Location: Basement

Purpose of Call: Chiller PUM

Description of Work: Changed oil filter on Chiller 1-A. Put oil filter on vacuum. Opened oil valves checked for leaks.

- Lock Out/Tag Out
- LO/TO Permit
- Ladder (Tie Off)
- Lifting Eqpt/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- 70E Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Recommendations: \_\_\_\_\_

Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
Cash	Truck	Shop	Pur. Order			

Technical Reports Completed:

- AC Check Out
- Refrig. Check Out
- Refrig. Job Site Rpt.
- Heating Check Out
- Add. Material Rpt.
- Start Up Rpt.
- Comp. Failure

Tool Usage:

- Vac. Pump
- Comb. Analyzer
- Torch
- Rec. Unit
- Crane
- Lift
- Auger
- Sewer Camera
- Other \_\_\_\_\_

Tech	Date	Hours	Rate
<u>KEVIN ALBRECHT</u>	<u>11-22-11</u>	<u>4</u>	<u>Rate</u>

# of Deliveries to Job:

Authorized Signature: \_\_\_\_\_ Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_

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# SERVICE REPORT

**DeBra-Kuempel**  
Mechanical-Electrical  
An EMGOR Company

Job #: 055546      Date: 12/12/11      Tech: 0533      Unit: CHIA

Equip/Mfg: CARRIER      Model: 19XR5557436DDH66S

Serial #: 4101Q66111

Status:     Complete     Incomplete     Follow-up

Customer Name: P&G MILLENIUM BLDG      Acct Mgr: \_\_\_\_\_

Site Address: SPRINGROVE AVE

City: CINTI, OH      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Bill To: \_\_\_\_\_

Equipment Location: CENTRAL PLANT

Purpose of Call: CHILLER PM

Description of Work: SHUTDOWN CH-1A CONDENSER VALVES, DRAINED, PULLED END & PUNCHED COND. TUBES. FOUND ONE TUBE BLOCKED AT FAR END & UPON FURTHER INVESTIGATION FOUND TUBE HAS BEEN PLUGGED ON PIPING END BUT NOT END BELL END. THEN FOUND TUBE NEXT TO IT PLUGGED ON END BELL END BUT NOT PIPING END.

Recommendations: CHECKED PAST EDDY CURRENT REPORT & FOUND ANOTHER TUBE WHICH WAS SUPPOSED TO BE PLUGGED WHICH THE ADJACENT TUBE WAS PLUGGED INSTEAD. CLEANED UP WORK AREA & GOT INFO TO QUOTE TUBE REWORK

- Lock Out/Tag Out
- LO/TO Permit
- Ladder (Tie Off)
- Lifting Eqpt/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- 70E Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
Cash	Truck	Shop	Part Order			

**Technical Reports Completed:**

- AC Check Out     Refrig Check Out     Refrig. Job Site Rpt     Heating Check Out  
 Add. Material Rpt.     Start Up Rpt.     Comp. Failure

Tech	Date	Hours	Rate
<u>VINNIE B</u>	<u>12/12</u>	<u>7.5</u>	
"	<u>12/13</u>	<u>8.0</u>	

**Tool Usage:**

- Vac. Pump     Comb. Analyzer     Torch  
 Rec. Unit     Crane     Lift  
 Auger     Sewer Camera  
 Other \_\_\_\_\_

# of Deliveries to Job:   

Authorized Signature: LEFT COPY FOR DON ECKHOFF      Customer P.O.#: \_\_\_\_\_      Total: \_\_\_\_\_  
 I have authority to order this work, which has been satisfactorily performed. I agree to the terms and conditions described on the reverse side.

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**SERVICE REPORT**



Page \_\_\_\_\_ of \_\_\_\_\_

Job #: 55546 Date: 12/12/11 Tech: 149 Unit: 1A

Equip/Mfg: CARRIER Model: 19XR

Serial #: \_\_\_\_\_

Status:  Complete  Incomplete  Follow-up

Customer Name: PKG MILLERUM Acct Mgr: \_\_\_\_\_

Site Address: Vino Str

City: Cm State: OH Zip: \_\_\_\_\_

Bill To: Jean Louis Labadie

Equipment Location: Chiller Room

Purpose of Call: Annual Maintenance

Description of Work: \_\_\_\_\_

Chiller #1A drained down and removed condenser and brushed tubes on condenser

Recommendations: Found one tube plugged. Plugged tube may have tube plug in the wrong hole on the other end.

- Lock Out/Tag Out
- LOTO Permit
- Ladder (Tie Off)
- Lifting Eqpt/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
  - Fire Alarm Syst Disabled
  - Hot Work Permit
  - Fire Watch
  - Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- JOE Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
Cash	Truck	Shop	Pur. Order			

**Technical Reports Completed:**

- AC Check Out
- Refrig. Check Out
- Refrig. Job Site Rpt.
- Heating Check Out
- Add. Material Rpt.
- Start Up Rpt.
- Comp. Failure

Tech	Date	Hours	Rate
<u>Ed Maddox</u>	<u>12-12</u>	<u>6 1/2</u>	<u>X1</u>

**Tool Usage:**

- Vac. Pump
- Comb. Analyzer
- Torch
- Rec. Unit
- Crane
- Lift
- Auger
- Sewer Camera
- Other \_\_\_\_\_

# of Deliveries to Job:

Authorized Signature: \_\_\_\_\_ Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_

I have authority to order this work; which has been satisfactorily performed. I agree to the terms and conditions described on the reverse side.

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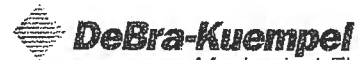
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# SERVICE REPORT



Mechanical-Electrical  
An EMCOR Company

Page \_\_\_ of \_\_\_

Job #: 244401 Date: 11/22/11 Tech: 149 Unit: 1A

1B and

Equip/Mfg: CARRIER Model: 19XR5557

Serial #: 4101Q66111

Status:  Complete  Incomplete  Follow-up

Customer Name: PTG M. Meridian Wing Acct Mgr: Tom

Site Address: Vine Str

City: Cin State: Oh Zip: \_\_\_\_\_

Bill To: James Lewis, Local

Equipment Location: Mechanical Room

Purpose of Call: Annual maintenance on chillers

Description of Work: \_\_\_\_\_

Changing oil filters and refrigerant  
filters on chillers #1-A & #1-B  
Check operating parameters and safety  
devices

Recommendations: Chiller #4 running high oil  
pressure 37#

- Lock Out/Tag Out
- LO/TO Permit
- Ladder (Tie Off)
- Lifting Eqpt/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
  - Fire Alarm Syst Disabled
  - Hot Work Permit
  - Fire Watch
  - Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
  - CSE Permit
- 702 Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
Cash	Truck	Shop	Pur. Order			
			<input checked="" type="checkbox"/>		<u>683855</u>	<u>Drives</u>

### Technical Reports Completed:

- AC Check Out
- Refrig. Check Out
- Refrig. Job Site Rpt.
- Heating Check Out
- Add. Material Rpt.
- Start Up Rpt.
- Comp. Failure

### Tool Usage:

- Vac. Pump
- Comb. Analyzer
- Torch
- Rec. Unit
- Crane
- Lift
- Auger
- Sewer Camera
- Other \_\_\_\_\_

Tech	Date	Hours	Rate
<u>Ed Maddux</u>	<u>11-22</u>	<u>8</u>	<u>X1</u>
<u>Ed Maddux</u>	<u>11-23</u>	<u>8</u>	<u>X1</u>

# of Deliveries to Job:

Authorized Signature: [Signature] Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_

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**SERVICE REPORT**



**DeBra-Kuempel**

Mechanical-Electrical  
An EMCOR Company

Job #: 55546 Date: 11/28/11 Tech: 149 Unit: 1B

Equip/Mfg: CARRIER Model: 19XR

Serial #: \_\_\_\_\_

Status:  Complete  Incomplete  Follow-up

Customer Name: RFG M. Henzen Acct Mgr: \_\_\_\_\_

Site Address: Vine St

City: Cin State: OH Zip: \_\_\_\_\_

Bill To: James Lang Hasalle

Equipment Location: Mechanical Room

Purpose of Call: Condenser tube brushing

Description of Work: \_\_\_\_\_

11-28- Removal condenser, harrill and on chiller #1-B. Began brushing tubes  
11-29 brushing tubes, unclogged pipe to condenser water pressure gauges

Recommendations: \_\_\_\_\_

11-30 Reinstalled door and filled condenser with water to check for leaks.

- Lock Out/Tag Out
- LOTO Permit
- Ladder (Tie Off)
- Lifting Eqpt/Manpower
- PPE: Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
  - Fire Alarm Syst Disabled
  - Hot Work Permit
  - Fire Watch
  - Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
  - CSE Permit
- TOE Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
Cash	Truck	Shop	Per Order			
			3		684259	Latex Caulk

**Technical Reports Completed:**

- AC Check Out
- Refrig. Check Out
- Refrig. Job Site Rpt.
- Heating Check Out
- Add. Material Rpt
- Start Up Rpt
- Comp. Failure

**Tool Usage:**

- Vac. Pump
- Comb. Analyzer
- Torch
- Rec. Unit
- Crane
- Lift
- Auger
- Sewer Camera
- Other \_\_\_\_\_

Tech	Date	Hours	Rate
<u>Ed Maddux</u>	<u>11-28</u>	<u>7 1/2</u>	<u>X1</u>
<u>Ed Maddux</u>	<u>11-29</u>	<u>8</u>	<u>X1</u>

# of Deliveries to Job:

Authorized Signature: \_\_\_\_\_ Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_  
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# SERVICE REPORT

**DeBra-Kuempel**  
Mechanical-Electrical  
An EMCOR Company

Job #: 55546 Date: 11/28/11 Tech: 0580 Unit: 1-B

Equip/Mfg: CARRIER Model: \_\_\_\_\_

Serial #: \_\_\_\_\_

Status:  Complete  Incomplete  Follow-up

Customer Name: P+G Acct Mgr: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: Cincinnati State: Ohio Zip: \_\_\_\_\_

Bill To: \_\_\_\_\_

Equipment Location: Basement

Purpose of Call: Condenser tube cleaning

Description of Work: Valved off condenser barrel on water chiller 1-B. Locked off valves. Drained down condenser barrel, removed end bell. Cleaned tubes with tube machine. Also cleaned out gauge lines on condenser in/out piping, worked with Ed Mather. Painted bolts and glued insulation.

Recommendations: \_\_\_\_\_

- Lock Out/Tag Out
- LOTO Permit
- Ladder (Tie Off)
- Lifting Eqpt/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- 70E Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool-Description
Cash	Truck	Shop	Pur. Order			

**Technical Reports Completed:**

- AC Check Out  Refrig. Check Out  Refrig. Job Site Rpt.  Heating Check Out
- Add. Material Rpt.  Start Up Rpt.  Comp. Failure

**Tool Usage:**

- Vac. Pump  Comb. Analyzer  Torch
- Rec. Unit  Crane  Lift
- Auger  Sewer Camera
- Other \_\_\_\_\_

Tech	Date	Hours	Rate
<u>KEVIN ABBRECHT</u>	<u>11/28/11</u>	<u>7 1/2</u>	<u>Ken</u>
<u>KEVIN ABBRECHT</u>	<u>11/29/11</u>	<u>7</u>	<u>Ken</u>

# of Deliveries to Job:

Authorized Signature: \_\_\_\_\_ Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_

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**SERVICE REPORT**  **DeBra-Kuempel**  
Mechanical-Electrical  
An EMCOR Company

Job #: 55546 Date: 11/31/11 Tech: 0576 Unit: 1B

Equip/Mfg: CARRIER Model: ON-F11K

Serial #: ON-F11K

Status:  Complete  Incomplete  Follow-up

Customer Name: P&E F+HC Acct Mgr: Trent

Site Address: Millennium

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bill To: \_\_\_\_\_

Equipment Location: Basement

Purpose of Call: Condenser cleaning

Description of Work: Came to Millennium bldg to Assist Ed Maddox with Grainsburg condenser cleaning and put condensers clear back on. Filled brack and leak checked. Cleaned up floor

Recommendations: \_\_\_\_\_

- Lock Out/Tag Out
- LO/TO Permit
- Ladder (Tie Off)
- Lifting Eqpt/Manpower
- PPE Hard Hat Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- 70E Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
Cash	Truck	Shop	Part Order			

**Technical Reports Completed:**

- AC Check Out  Refrig. Check Out  Refrig. Job Site Rpt.  Heating Check Out
- Add Material Rpt.  Start Up Rpt.  Comp. Failure

(w/c)	Date	Hours	Rate
<u>Danny K</u>	<u>11-31</u>	<u>3.0</u>	<u>Reg</u>

**Tool Usage:**

- Vac. Pump  Comb. Analyzer  Torch
- Rec. Unit  Crane  Lift
- Auger  Sewer Camera
- Other \_\_\_\_\_

# of Deliveries to Job:

Authorized Signature: \_\_\_\_\_ Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_

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# SERVICE REPORT



Job #: 55546 Date: 11/21/11 Tech: 0580 Unit: 1-C

Equip/Mfg: CARRIER Model: 19XR8687505ENS665

Serial #: 4201Q66113

Status:  Complete  Incomplete  Follow-up

Lock Out/Tag Out

Customer Name: P&G Acct Mgr: \_\_\_\_\_

LO/TO Permit

Site Address: \_\_\_\_\_

Ladder (Tie Off)

City: Cincinnati State: Ohio Zip: \_\_\_\_\_

Lifting Eqpt/Manpower

Bill To: \_\_\_\_\_

PPE Hard Hat, Glasses

Equipment Location: Chiller Equipment Room

Fall Protection

Purpose of Call: Chiller Maintenance

Proper GFCI Usage

Description of Work: Cleaned condenser tubes on chiller 1-C. Reinstalled end bell filled condenser with water. Checked for leaks, none.

Hot Work

Fire Alarm Syst Disabled

Hot Work Permit

Fire Watch

Explosion

Chemical Hazard

Customer Site Specific

Confined Space Entry

CSE Permit

Recommendations: \_\_\_\_\_

70E Elect PPE

Air Quality Monitor

Appropriate PPE

Other \_\_\_\_\_

Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
Cash	Truck	Shop	Pur. Order			

Technical Reports Completed:			
<input type="checkbox"/> AC Check Out	<input type="checkbox"/> Refrig. Check Out	<input type="checkbox"/> Refrig. Job Site Rpt.	<input type="checkbox"/> Heating Check Out
<input type="checkbox"/> Add Material Rpt.	<input type="checkbox"/> Start Up Rpt.	<input type="checkbox"/> Comp Failure	
Tech	Date	Hours	Rate
KEVIN ALBRECHT	11-21-11	7 1/2	Key
KEVIN ALBRECHT	11-22-11	4	Key

Tool Usage:		
<input type="checkbox"/> Vac. Pump	<input type="checkbox"/> Comb. Analyzer	<input type="checkbox"/> Torch
<input type="checkbox"/> Rec. Unit	<input type="checkbox"/> Crane	<input type="checkbox"/> Lift
<input type="checkbox"/> Auger	<input type="checkbox"/> Sewer Camera	
<input type="checkbox"/> Other _____		

# of Deliveries to Job:

Authorized Signature: \_\_\_\_\_ Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_

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# SERVICE REPORT



Page \_\_\_ of \_\_\_

Job #: 53546 Date: 11/15/11 Tech: 149 Unit: 1D 1C

Equip/Mfg: CARRIER Model: 19XTR5357

Serial #: 4101Q66111

Status:  Complete  Incomplete  Follow-up

Customer Name: PHO Millennium Wing Acct Mgr: \_\_\_\_\_

Site Address: Vine Str

City: Cin State: OH Zip: \_\_\_\_\_

Bill To: Same

Equipment Location: Mechanical Room

Purpose of Call: Condenser Cleaning

Description of Work: Removal condenser barrel and began brushing tubes, on chiller #s 1-B and # 1-D

Recommendations: \_\_\_\_\_

- Lock Out/Tag Out
- LOTO Permit
- Ladder (Tie Off)
- Lifting Eqpt/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- EOE Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
Cash	Truck	Shop	Pur. Order			

- Technical Reports Completed:
- AC Check Out
  - Refrig. Check Out
  - Refrig. Job Site Rpt
  - Heating Check Out
  - Add. Material Rpt
  - Start Up Rpt.
  - Comp. Failure

- Tool Usage:
- Vac. Pump
  - Comb. Analyzer
  - Torch
  - Rec. Unit
  - Crane
  - Lift
  - Auger
  - Sewer Camera
  - Other Coilway machine

Tech	Date	Hours	Rate
<u>Ed Maddux</u>	<u>11-15</u>	<u>8</u>	<u>X1</u>

# of Deliveries to Job:

Authorized Signature: [Signature] Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_  
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**SERVICE REPORT**  **DeBra-Kuempel**  
Mechanical-Electrical  
An EMCOR Company

Job #: 55546 Date: 11/21/11 Tech: 149 Unit: 1C

Equip/Mfg: CARRIER Model: 19XR5557

Serial #: 4101Q66111

Status:  Complete  Incomplete  Follow-up

Customer Name: PTG M. Plummer Wing Acct Mgr: Tom

Site Address: Vine St

City: CM State: OH Zip: \_\_\_\_\_

Bill To: Jones Lang LaSalle

Equipment Location: \_\_\_\_\_

Purpose of Call: Condenser cleaning

Description of Work: \_\_\_\_\_

Picked up new table brush cable and  
the brushes from shop and drove to job site  
Finished brushing tubes on chiller #1-C  
Put barrel and back on filled with water  
and checked for leaks

- Lock Out/Tag Out
- LOTO Permit
- Ladder (Tie Off)
- Lifting Eqt/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- TOE Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
Cash	Truck	Shop	Pur. Order			

Technical Reports Completed:			
<input type="checkbox"/> AC Check Out	<input type="checkbox"/> Refrig. Check Out	<input type="checkbox"/> Refrig. Job Site Rpt.	<input type="checkbox"/> Heating Check Out
<input type="checkbox"/> Add. Material Rpt	<input type="checkbox"/> Start Up Rpt	<input type="checkbox"/> Comp. Failure	
Techn	Date	Hours	Rate
<u>ED MALLA</u>	<u>11-21</u>	<u>7</u>	<u>X1</u>

- Tool Usage:**
- Vac. Pump
  - Comb. Analyzer
  - Torch
  - Rec. Unit
  - Crane
  - Lift
  - Auger
  - Sewer Camera
  - Other \_\_\_\_\_

# of Deliveries to Job: 1

Authorized Signature: [Signature] Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_

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# SERVICE REPORT



Job #: 244401 Date: 01/30/12 Tech: 149 Unit: #1D

Equip/Mfg: CARRIER Model: 19KE

Serial #: \_\_\_\_\_

Status:  Complete  Incomplete  Follow-up

Customer Name: R.G. McLenihan Acct Mgr: TV

Site Address: Wine St

City: CMA State: OH Zip: \_\_\_\_\_

Bill To: Jones Lang Langelle

Equipment Location: \_\_\_\_\_

Purpose of Call: Annual maintenance on chiller

Description of Work:  
Changed doors & oil filters  
Leak check machine  
Reviewed tank history  
checked operation & tested chiller

Recommendations: \_\_\_\_\_

- Lock Out/Tag Out
- LOTO Permit
- Ladder (Tie Off)
- Lifting Eqpt/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Byst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- 102 Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantity				Part Number	Description	Material / Test / Tool Description
Qty	Unit	Ship	Per Order			

Technical Reports Completed:

AC Check Out  Refrig. Check Out  Refrig. Job Site Rpt.  Heating Check Out

Add. Material Rpt.  Start Up Rpt.  Comp. Failure

Tool Usage:

Vac. Pump  Comb. Analyzer  Torch

Rec. Unit  Crane  Lift

Auger  Sewer Camera

Other \_\_\_\_\_

Technician	Date	Hours	Rate
<u>Ed J. Maddox</u>	<u>1-30</u>	<u>7 1/2</u>	<u>¥1</u>

# of Deliveries to Job:

Authorized Signature: \_\_\_\_\_ Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_

I have authority to order this work; which has been satisfactorily performed. I agree to the terms and conditions described on the reverse side.

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# SERVICE REPORT



Job #: 244401 Date: 12/06/11 Tech: 149 Unit: #10

Equip/Mfg: CARRIER Model: 19XR

Serial #: \_\_\_\_\_

Status:  Complete  Incomplete  Follow-up

Customer Name: PG Mellin Acct Mgr: TV

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bill To: John Louis Lesalle

Equipment Location: Basement mechanical room

Purpose of Call: Annual maintenance on chillers

Description of Work: \_\_\_\_\_

changing oil filters & oils  
look checking machines

Recommendations: \_\_\_\_\_

- Lock Out/Tag Out
- LO/TO Permit
- Ladder (Tie Off)
- Lifting Eqpt/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- EOE Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
Cash	Truck	Shop	Pur. Order			

**Technical Reports Completed:**

- AC Check Out
- Refrig. Check Out
- Refrig. Job Site Rpt.
- Heating Check Out
- Add. Material Rpt.
- Start Up Rpt.
- Comp. Failure

**Tool Usage:**

- Vac. Pump
- Comb. Analyzer
- Torch
- Rec. Unit
- Crane
- Lift
- Auger
- Sewer Camera
- Other \_\_\_\_\_

Tech	Date	Hours	Rate
<u>Ed Maddux</u>	<u>12-6</u>	<u>8</u>	<u>21</u>

# of Deliveries to Job:

Authorized Signature: \_\_\_\_\_ Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_

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OFFICE

# SERVICE REPORT



## DeBra-Kuempel

Mechanical-Electrical  
An EMCOR Company

Job #: 55546 Date: 11/15/11 Tech: 0580 Unit: 10

Equip/Mfg: CARRIER Model:

Serial #:

Status:  Complete  Incomplete  Follow-up

Customer Name: P+G Acct Mgr:

Site Address: Vine St

City: Cincinnati State: Ohio Zip:

Bill To:

Equipment Location:

Purpose of Call: Chiller P.M.

Description of Work: Worked with Ed Maddox on draining chillers barrels and brushing tubes. Locked off valves on condense barrels.

Recommendations

- Lock Out/Tag Out
- LO/TO Permit
- Ladder (Tie Off)
- Lifting Eqpt/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- 70E Elec PPE
- Air Quality Monitor
- Appropriate PPE
- Other

Quantities				Part Number	DeBra-Kuempel P.O.#	Material / Rental / Tool Description
Cash	Truck	Shop	Per Order			

Technical Reports Completed:			
<input type="checkbox"/> AC Check Out	<input type="checkbox"/> Refrig. Check Out	<input type="checkbox"/> Refrig. Job Site Rpt.	<input type="checkbox"/> Heating Check Out
<input type="checkbox"/> Add. Material Rpt.	<input type="checkbox"/> Start Up Rpt.	<input type="checkbox"/> Comp. Failure	
Tech	Date	Hours	Date
KEVIN ALBRECHT	11-15-11	8	Ray
KEVIN ALBRECHT	11-16-11	4	Ray

- Tool Usage:
- Vac. Pump
  - Comb. Analyzer
  - Torch
  - Rec. Unit
  - Crane
  - Lift
  - Auger
  - Sewer Camera
  - Other

# of Deliveries to Job:

Authorized Signature: \_\_\_\_\_ Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_  
I have authority to order this work, which has been satisfactorily performed. I agree to the terms and conditions described on the reverse side.

Cincinnati  
3976 Southern Ave • Cincinnati, OH 45227  
(513) 271-6500

Dayton  
1946 W. Dorothy Ln • Dayton, OH 45430  
937 331 5451

Maysville  
702 Parker Dr • Maysville, KY 4056  
606 336 8505

Louisville  
3600 Chamberlain Drive Suite 358 • Louisville, KY 40241  
502 388 6464

### 24 Hour Service 513.271.6500

OFFICE

**SERVICE REPORT**



Job #: 53546 Date: 11/15/11 Tech: 149 Unit: 1D

Equip/Mfg: CARRIER Model: 19XTR5557

Serial #: 4101066111

Status:  Complete  Incomplete  Follow-up

Customer Name: PRO Millennium Wing Acct Mgr: \_\_\_\_\_

Site Address: Vine Str

City: Cin State: OH Zip: \_\_\_\_\_

Bill-To: Same

Equipment Location: Mechanical Room

Purpose of Call: CONDENSER CLEANING

Description of Work: Removal condenser barrel and began brushing tubes, on duct #1-B and #1-D

Recommendations: \_\_\_\_\_

- Lock Out/Tag Out
- LO/TO Permit
- Ladder (Tie Off)
- Lifting Eqpt/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
- Fire Alarm Syst Disabled
- Hot Work Permit
- Fire Watch
- Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
- CSE Permit
- 70E Elect PPE
- Air Quality Monitor
- Appropriate PPE
- Other \_\_\_\_\_

Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
Cash	Truck	Shop	Pur Order			

**Technical Reports Completed:**

- AC Check Out
- Refrig. Check Out
- Refrig. Job Site Rpt.
- Heating Check Out
- Add. Material Rpt.
- Start Up Rpt.
- Comp. Failure

Tech	Date	Hours	Rate
<u>Ed Maddux</u>	<u>11-15</u>	<u>8</u>	<u>X1</u>

**Tool Usage:**

- Vac. Pump
- Comb. Analyzer
- Torch
- Rec. Unit
- Crane
- Lift
- Auger
- Sewer Camera
- Other Godwin machine

# of Deliveries to Job:

Authorized Signature: [Signature] Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_  
I have authority to order this work, which has been satisfactorily performed. I agree to the terms and conditions described on the reverse side.

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**Dayton** 1945 W. Dorothy Ln. • Dayton, OH 45434 937.531.5455  
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# SERVICE REPORT



Page 1 of 1

Job #: 55546 Date: 11/16/11 Tech: 4735 Unit: 10

Equip/Mfg: \_\_\_\_\_ Model: \_\_\_\_\_

Serial #: \_\_\_\_\_

Status:  Complete  Incomplete  Follow-up

Customer Name: SLL @ FMC Acct Mgr: TV

Site Address: \_\_\_\_\_

City: Cincinnati State: OH Zip: 452

Bill To: \_\_\_\_\_

Equipment Location: Mechanical Room

Purpose of Call: \_\_\_\_\_

Description of Work: Helped chiller group clean chiller tubes. Used goodway machine to clean tubes. Cleaned up water

Recommendations: \_\_\_\_\_

- Lock Out/Tag Out
- LO/TO Permit
- Ladder (Tie Off)
- Lifting Eqpt/Manpower
- PPE Hard Hat, Glasses
- Fall Protection
- Proper GFCI Usage
- Hot Work
  - Fire Alarm Syst Disabled
  - Hot Work Permit
  - Fire Watch
  - Explosion
- Chemical Hazard
- Customer Site Specific
- Confined Space Entry
  - CSE Permit
  - 70E Elect PPE
  - Air Quality Monitor
  - Appropriate PPE
  - Other \_\_\_\_\_

Quantities				Part Number	DeBra-Kuempel P.O. #	Material / Rental / Tool Description
Dash	Truck	Shop	Pur Order			

- Technical Reports Completed:**
- AC Check Out
  - Refrig Check Out
  - Refrig Job Site Rpt.
  - Heating Check Out
  - Add. Material Rpt.
  - Start Up Rpt.
  - Comp. Failure

- Tool Usage:**
- Vac. Pump
  - Comb. Analyzer
  - Torch
  - Rec. Unit
  - Crane
  - Lift
  - Auger
  - Sewer Camera
  - Other \_\_\_\_\_

Tech	Date	Hours	Rate
<u>Danny Rodriguez</u>	<u>11-16-11</u>	<u>4.0</u>	<u>1.0</u>

# of Deliveries to Job:

Authorized Signature: [Signature] Customer P.O.#: \_\_\_\_\_ Total: \_\_\_\_\_  
I have authority to order this work, which has been satisfactorily performed. I agree to the terms and conditions described on the reverse side.

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**Louisville** 3600 Chamberlain Drive, Suite 515 • Louisville, KY 402 368.6454

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