

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

FACID: NY023
Building: 330
1. Arian,
Contractor Personnel on site:
2. Dorjan,
Contractor Personnel on site:

Date of Visit: 10/30/2020
CSS: 22522 Work Order Date: _____
Service Order:
Corrective Maintenance:

Service Order Work Performed:

Unit: _____
Manufacturer: _____
Model: _____
Serial: _____

Description:

fix drop ceiling, fix VCT floor tiles, Replace outlet covers, Plaster,

Repairs

To be signed by the Contractor:

fdhj'[poi ARIAN KODRA,
Print Name:

11.03.2020
Date:

Arian Kodra
Signature:

Digital Signature:

To be signed by Facility Manager:
I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the work listed:

Louis A Corbo
Print Name/Rank:

11.03.2020
Date:

Louis Corbo
Signature:

Digital Signature:

