

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

Work Order Date: \_\_\_\_\_

CSS: 22522

WO: 2-7329

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:

