

WORK ORDER ESTIMATE

CSS #:

TBD

Work Order #:

9331

Emergency

Urgent

2

Routine

Company Name:	ISG	Facility ID:	NY023
Contractor POC:			
Telephone No:	954-900-1095	Building/Location; (e.g., Classroom/Room #)	MENS BATHROOM 3RD FLOOR
E-Mail Address:	drowe@internationalsupportgro		
Assigned Technician(s):	DEEN ROWE		

DESCRIPTION of WORK and EXPLANATION for REPAIRS or REPLACEMENT

DRAIN PAN COLLAPSED WHICH NOW MADE THE DRAIN LEVELED WITH DRAIN PAN INSTEAD OF PITCHED. @UVOS PUMP TO PUMP THE EXCESS WATER INTO A DRAIN.

LABOR/MATERIAL		MATERIAL/ SUB UNIT DOLLAR AMOUNT	LBR/HR \$85	LINE ITEM TOTAL DOLLAR AMOUNT
ITEM	QUANTITY			
Labor with 2 hours of Diagnostic included	6		\$85.00	\$510.00
Condensate pump	1	\$120.00		\$120.00
copper pipe	1	\$24.00		\$24.00
wire	1	\$60.00		\$60.00
SUB-TOTAL COSTS:	Materials Total	\$204.00	Labor	\$510.00
	TOTAL			\$714.00

Materials

- Condensate pump and extra drain line - \$100
- Copper pipe for drain- \$20
- Extra wire for power- \$50

Time

4 hours

CERTIFICATION OF WORK

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

FACID/Building: NY023 Date of Visit: 6/30/2020

Location Address: _____

Contractor Personnel on Site:

Deen Rowe ISG

Work Performed: Service Calls – Found Drain Pan is leveled due to gravity of water, will need to install a pump to assist with proper drain of water

PO/CSS# WO 9331 CSS TBD Diagnose and repair AHU drain in men's locker room on 3rd floor of building 200. Appears to be clogged, pan is overflowing

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deen Rowe Date: 6/30/2020

Signed: Deen Rowe

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: _____ Date: _____

Signed: _____

Email: _____