

WORK ORDER ESTIMATE

CSS #:

Work Order #:

Emergency

Urgent

Routine

Company Name:	ISG	Facility ID:	NY023
Contractor POC:			
Telephone No:		Building/Location; (e.g., Classroom/Room #)	123 Offices
E-Mail Address:			
Assigned Technician(s):	Deen Rowe		

DESCRIPTION of WORK and EXPLANATION for REPAIRS or REPLACEMENT

Condenser fan was not working, I replaced the capacitor with a brand new one. The condenser fan came on but not strong enough to cool down the compressor. This condenser fan motor needs to be replaced it is causing the compressor to overheat.

LABOR/MATERIAL		MATERIAL/ SUB UNIT DOLLAR AMOUNT	LBR/HR \$85	LINE ITEM TOTAL DOLLAR AMOUNT
ITEM	QUANTITY			
Labor including 4 hours of diagnostic			6	\$510.00
Fan Motor	1			\$192.00
Capacitor For Fan Motor	1			\$8.00
				\$0.00
SUB-TOTAL COSTS:	Materials Total	\$200.00	Labor	\$510.00
TOTAL			\$710.00	

CERTIFICATION OF WORK

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

FACID/Building: NY023 Date of Visit: 07/14/2020

Location Address: _____

Contractor Personnel on Site:

Deen Rowe

Work Performed: Upon arrival found bad condenser motor, replaced bad capacitor

Service Calls – PO/CSS# 25949

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor: Print Name:

Signed: Deen Rowe Date: 07/15/2020

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: _____