ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID: NY023

Building: 200

1. Arian,
Contractor Personnel on site:

2. Dorjan,
Contractor Personnel on site:

Date of Visit: 10/30/2020

CSS: 27158

Work Order Date:

WO: 2-10374

Service Order: ☑

Corrective Maintenance: ☐

Service Order Work Performed:

Unit:

Manufacturer:

Model:

Serial:

Description:

Repairs

fix urinals (5) on first and second floor.

To be signed by the Contractor:

fdhj'[poi ARIAN KODRA,
Print Name:

11.03.2020
Date:

Digital Signature:

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:

Digital Signature:

Signature: