

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 Work Order Date: _____
CSS: 27158 WO: 2-10374
Service Order: ☒
Corrective Maintenance: ☐

Service Order Work Performed:

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

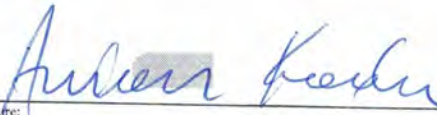
Description:

Repairs

fix urinals (5) on first and second floor.

To be signed by the Contractor:

fdhj'[poi ARIAN KODRA,
Print Name:


Signature:

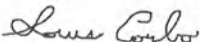
11.03.2020
Date:

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:


Signature:

11.03.2020
Date:

Digital Signature:

