

CERTIFICATION OF WORK

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

FACID: NY023

Date of Visit: 11/10/2020

Work Order Date: 11/06/2020

Building: \_\_\_\_\_

CSS: 27302

WO: 10684

1. Arian,

Service Order: ☒

Contractor Personnel on site:

Corrective Maintenance: ☐

2. Dorjan

Contractor Personnel on site:

Service Order Work Performed:

Unit: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Serial: \_\_\_\_\_

Description:

Repair roof over DPW, parapet wall. B200.

Repairs

To be signed by the Contractor:

ARIAN KODRA,

11.12.2020

Print Name:

Date:

Arian Kodra

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

11.12.2020

Print Name/Rank:

Date:

Louis Corbo

Digital Signature:

Signature:

