

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

FACID: NY023

Building: B200

1. Arian,

Contractor Personnel on site:

2. ALFRED

Contractor Personnel on site:

Date of Visit: 05/13/2022

Work Order Date: 05/12/2022

CSS: 455

WO: _____

Service Order:

Corrective Maintenance:

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____

Description:

REPAIR ROOF LEAK OVER STAIR CASE

To be signed by the Contractor:

ARIAN KODRA,

Print Name:

Arian Kodra

Signature:

05.16.2022

Date:

Arian Kodra

Digital Signature: Digital signed by Arian Kodra
Date: 2022.05.16 17:38:42
-04'00'

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:

05.16.2022

Date:

_____ Digital Signature:

Signature:

