

CERTIFICATION OF WORK

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

FACID: NY023

Building: B121

1. Arian,
Contractor Personnel on site:

2. ARIAN, ALFRED
Contractor Personnel on site:

Date of Visit: 12/09/2022

Work Order Date: 11/09/2022

CSS: 90569

WO: _____

Service Order: ☐

Corrective Maintenance: ☐

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____

Description:

building 121 repair bay garage doors

Repairs

- #7 : repair break assembly system, service.
 - #6 repair safety edge sensor. Service.
 - #1 fix top safety cover. Service
- _____
- _____
- _____

To be signed by the Contractor:

ARIAN KODRA,
Print Name:

Arian Kodra
Signature:

12.12.2022
Date:

Arian Kodra
Digital Signature: Digitally signed by Arian Kodra
Date: 2022.12.14 13:20:59
+05'00'

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:

Print Name/Rank: _____

Signature: _____

Date: _____

COMITO.PETER.D.
1615194952
Digital Signature: Digitally signed by COMITO.PETER.D. 1615194952
Date: 2022.12.16 09:30:44 +05'00'

