

CERTIFICATION OF WORK

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

FACID: NY023

Building: AMSA12

1. ARIAN KODRA
Contractor Personnel on site:

2. XHULIANO KODRA
Contractor Personnel on site:

Date of Visit: 01/20/2023

Work Order Date: 01/09/2023

CSS: 91414

WO: _____

Service Order: ☐

Corrective Maintenance: ☐

Service Order Work Performed:

Unit: _____

Manufacturer: _____

Model: _____

Serial: _____

Description:

REPAIR ROLLING GATE AT AMSA 12 LIQUID ROOM

Repairs

PROVIDE AND INSTALL NEW TRACKING LEADER RIGHT HAND.

TEST THE GATE.

To be signed by the Contractor:

ARIAN KODRA
Print Name:

01.20.2023
Date:

Arian Kodra | Digitally signed by Arian Kodra
Date: 2023.01.21 13:00:12
-05'00'
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:

PETER D. COMITO
Print Name/Rank:

01.20.2023
Date:

Peter Comito

Digital Signature:

Signature:

