

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

Digital signature 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:

