

WORK ORDER ESTIMATE

CSS #:

Work Order #:

Emergency

Urgent

2

Routine

| | | | |
|-------------------------|-----------|---|---------------------|
| Company Name: | ISG | Facility ID: | NY023 |
| Contractor POC: | | | |
| Telephone No: | | Building/Location; (e.g., Classroom/Room #) | 200/DPW SUPPLY ROOM |
| E-Mail Address: | | | |
| Assigned Technician(s): | Deen Rowe | | |

DESCRIPTION of WORK and EXPLANATION for REPAIRS or REPLACEMENT

Repair leak in DPW Supply room of 1st floor of B200.

Found the system leaking water so i removed the insulation to see the bare pipe. Thats when i noticed the actuator leaking water. So i removed the actuator and saw that the control valve was still leaking. The control valve must be replaced in order to stop the leaking.

| LABOR/MATERIAL | | MATERIAL/ SUB UNIT DOLLAR AMOUNT | LBR/HR \$85 | LINE ITEM TOTAL DOLLAR AMOUNT |
|--|-----------------|---|----------------|---|
| ITEM | QUANTITY | | | |
| Incurred diagnostic with 4 hour diagnostic labor | | 8 | | \$680.00 |
| 3 way Control Valve | 1 | | | \$216.00 |
| | | | | \$0.00 |
| SUB-TOTAL COSTS: | Materials Total | \$216.00 | Labor | \$680.00 |
| | TOTAL | | | \$896.00 |

CERTIFICATION OF WORK

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

FACID/Building: NY023

Date of Visit:

7/27 & 7/29

Location Address: _____

Contractor Personnel on Site:

Deren Rowe

Work Performed: g WO 9747

Service Calls – PO/CSS# TBD

Repair leak in DPW Supply room of 1st floor of B200.

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Deen Rowe

Print Name: _____

Date: 7/29/2020

Signed: Deen Rowe

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: _____ Date: _____

Signed: _____

Email: _____

