

# WORK ORDER ESTIMATE

CSS #:

Work Order #:

Emergency

Urgent

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 diagnostiic 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:**

Print Name: Deen Rowe

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: \_\_\_\_\_

