

Over and Above Estimate

Region: 2

Location: NY058

CSS #:90410

Maximo Work Order No. 19743 **Asset#:**

Date Issued: 10/20/2022

Original Description: Change the illuminated Exit lights in entire facility

Description of Repairs: Remove and install 40 new exit lighting signs

Non-Pre-Priced Estimate:

Quantity	Line Item #	Description	Labor Hours	Unit	Labor	Materials	Equipment	Total
1		Materials (See attached estimate for line items)				\$1680.00	\$	\$1680.00

Note: RS Means (Pre-Priced) is not used in compiling this estimate.

Note: Subcontractor quote attached.

Estimate Summary:

Labor Hours	Labor Cost	Material	Other cost	Total Cost	CE Factor	Total Estimate
Diagnostic cost 450.00						
Install labor: 40 hours @ 125.00=\$5000.00	\$5450.00	\$1680.00	\$0.00	\$7130.00	1.02	\$7272.60

Please see the attached estimate.

MSL Electric, LLC

6555 GRAND AVE
NY 11378

Estimate

Date	Estimate #
10/28/2022	1292

Name / Address
International Support Group 9050 Pine Blvd., Suite 150 Pembroke Pines, FL 33024

Project
NY0058 MEP CW2 Kerry P. Hein 200 NY-25A Shoreham, NY 11786

CSS	Work Order	Terms
90410	19743	

Item	Description	Qty	Rate	Total
Service	Removal and installation of new exit signs throughout NY0058. Emergency back up battery is no longer functioning and replacements are no longer available.	40	125.00	5,000.00
16 Electrical & Li...	New exit lighting for above repair.	40	42.00	1,680.00
Service	Diagnostics fee for above repair.	1	450.00	450.00
		Subtotal	\$7,130.00	
		Sales Tax (8.875%)	\$0.00	
		Total	\$7,130.00	

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

FACID/Building: NY0058 Date of Visit: 10/31/2022

Contractor Personnel on Site:

1. Michael Sarro 2. _____

Work Performed: Diagnostics for Exit Signs, Ballast, Parking Lot Lights

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO# 2-19743, 19746, 19747

Service Calls – Service Call Number and Description

1. CSS# 90410
2. CSS# 90412
3. CSS# 90368

Pictures are required (Before and After)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Sarro Date: 10/31/2022

Signed: Michael Sarro

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 stated work listed:

Print Name/Rank: _____ Date: 10/31/2022

Signed: _____

E-Mail: _____

