

CERTIFICATION OF WORK

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

FACID/Building: NY023 / Bld. 200

Date of Visit: 7/7/20

Location Address: Fort T, Hen

Contractor Personnel on Site:

Deenvaughn Rowe

Work Performed: g Blew out drain lines for 5 pvc units (2 were leaking)

Service Calls – PO/CSS# TBD 25821

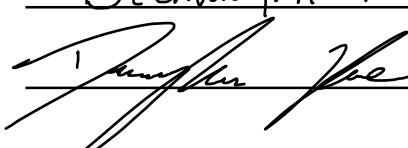
Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deenvaughn Rowe

Date: 7/7/20

Signed: 

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: _____