

### CERTIFICATION OF WORK

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

FACID/Building: NY023-123

Date of Visit: 7/27/20

Location Address: Fair Haven

Contractor Personnel on Site:

Deen Rowe

Work Performed: g Replaced condenser fan motor and changed capacitor for condensing unit.

Service Calls – PO/CSS#

25949

**Please take pictures and send with quote**

### CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deen Rowe

Date: \_\_\_\_\_

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: \_\_\_\_\_

