

CERTIFICATION OF WORK

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

FACID/Building: NY023-200

Date of Visit: 8/14/20

Location Address: Fort Totten

Contractor Personnel on Site:

DEEN ROWE

Work Performed: g Replaced actuator valve (B331) because it was
leaking, changed piping and added insulation.
Service Calls - PO/CSS# 26084

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deenvaughn Rowe

Date: 8/14/20

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: _____

