

CERTIFICATION OF WORK

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

FACID/Building: N4023 - 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

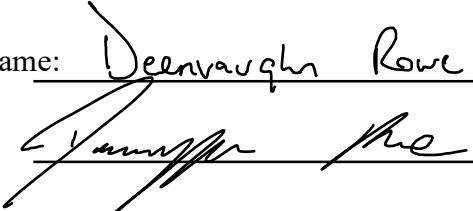
Please take pictures and send with quote

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: _____

