CERTIFICATION OF WORK

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

FACID/Building: NY023 / Building 123 Date of Visit: 4/1/21

Location Address: Fort Totten

Contractor Personnel on Site:

DEENVAUGHN ROWE

Work Performed: g Tighten up the loose bleeder, and put a cap on it, Also replaced ceiling tile the leak damaged.

Service Calls – PO/CSS# 29880

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: DEENVAUGHN ROWE Date: 4/1/21

Signed:

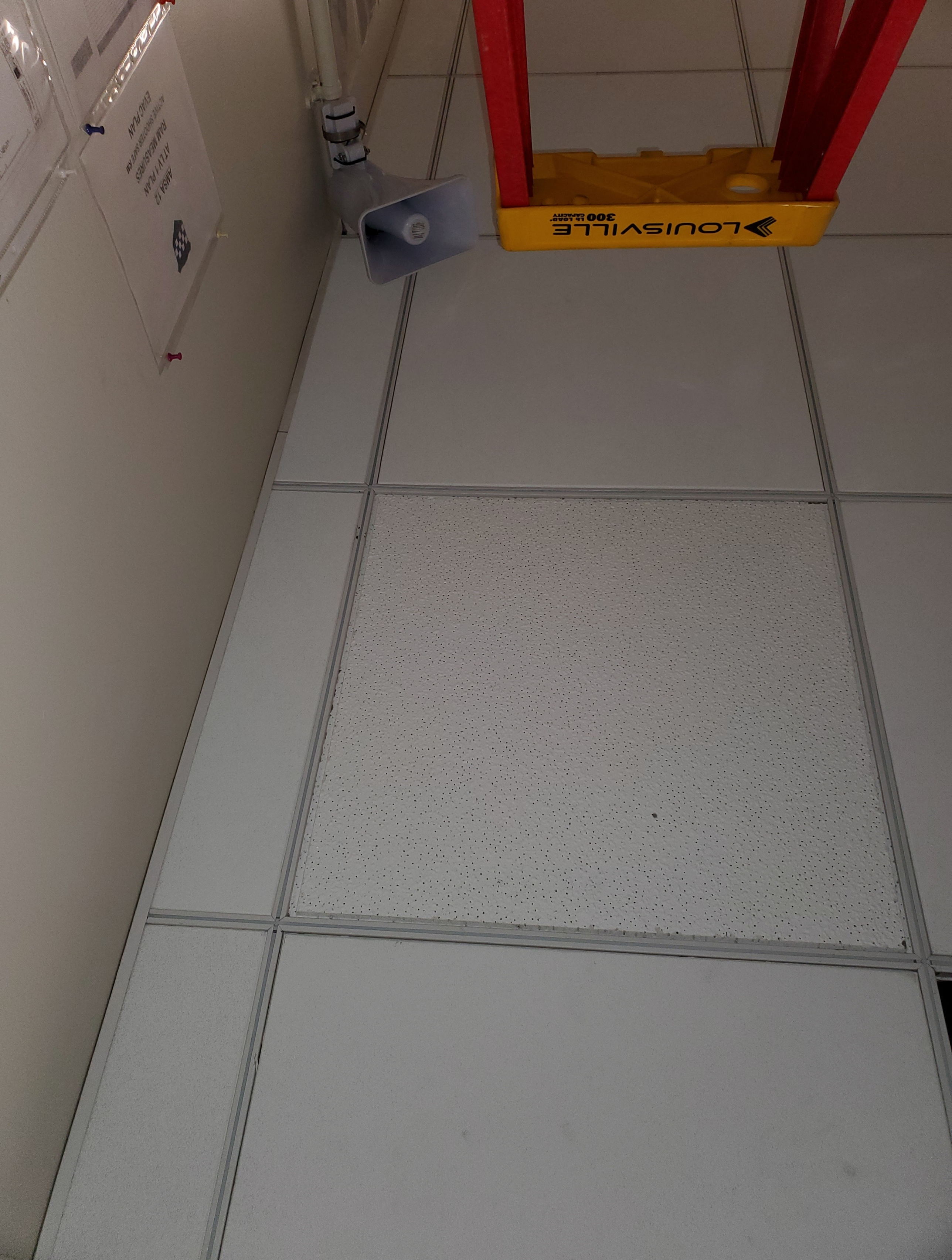
To be signed by Facility Manager:

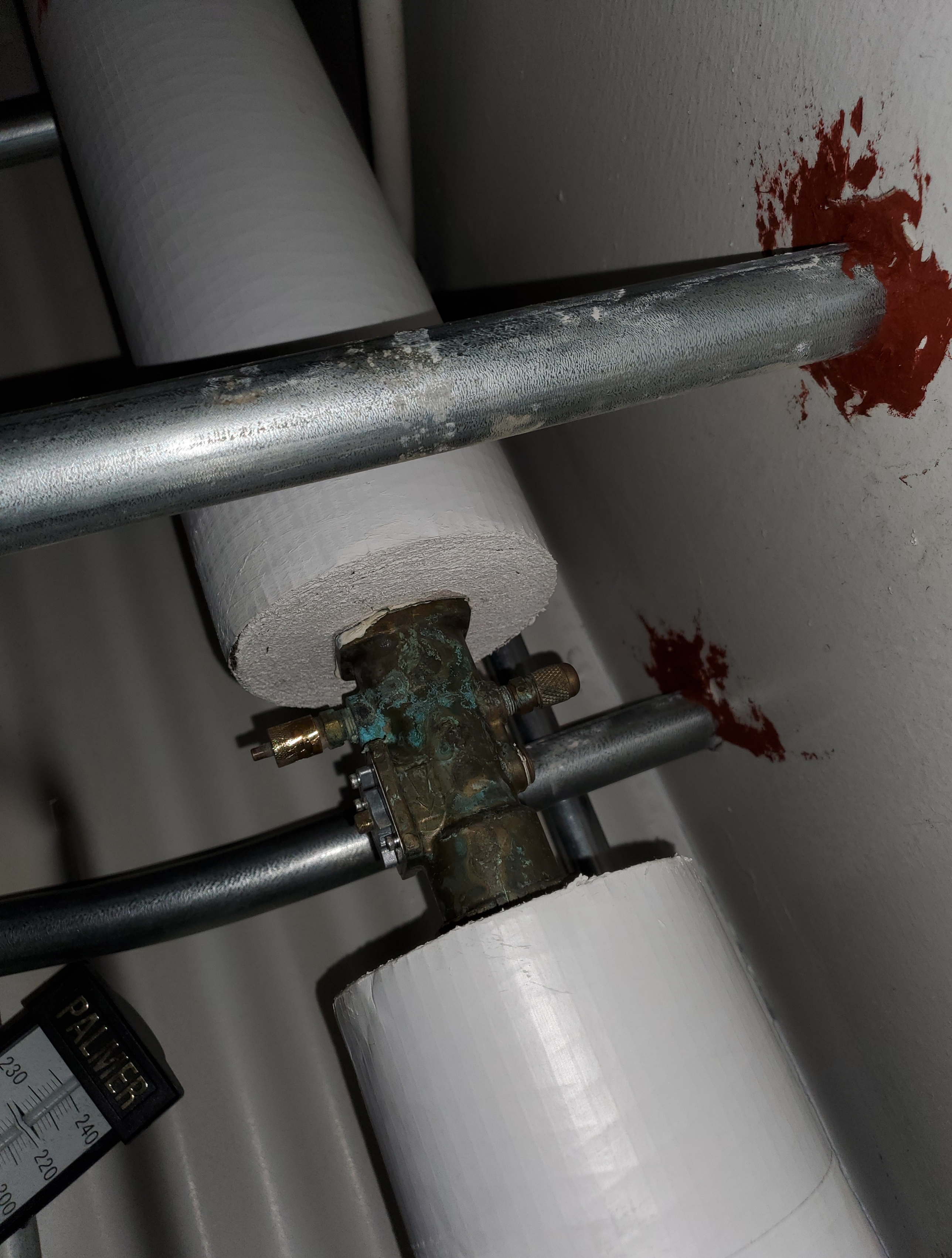
I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: SEAN MCBAIN Date: 04/02/21

Signed:

Email: seanLiam1234@aol.com


AMSA 12
ATLV-1 PLAN
RAM MEASURES
ACTIVE SHOOTER SAFE RM
EVAC PLAN
LOUISVILLE
300 LB. LOAD
CAPACITY


PALMER
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