

CERTIFICATION OF WORK

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

FACID/Building: NY023-123

Date of Visit: 9/29/20

Location Address: Fort Totten

Contractor Personnel on Site:

DEEN ROWE

Work Performed: g fixed leak by tightening flare nut, leak test, pulled  
a vacuum, and charged 3 lbs of 410A to split system.

Service Calls - PO/CSS#  
#26368

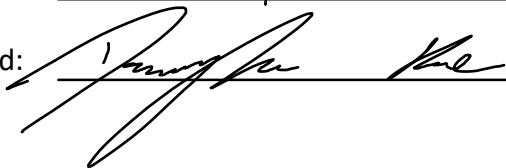
Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deenavghn Rowe

Date: 9/29/20

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: \_\_\_\_\_

