

**CERTIFICATION OF WORK**

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

FACID/Building: N4058

Date of Visit: 7/16/20

Location Address: Shoreham, Long Island

Contractor Personnel on Site:

Deenvaughn Rowe

Work Performed: g Replaced condensate pump float switch, clean condenser coils,  
added 1 pound of R-407C,  
Service Calls – PO/CSS#

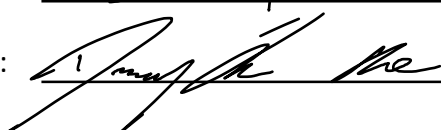
**Please take pictures and send with quote**

**CERTIFICATION OF WORK**

**To be signed by the Contractor:**

Print Name: Deenvaughn Rowe

Date: 7/16/20

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: \_\_\_\_\_