



CERTIFICATION OF WORK

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

FACID/Building: NY058

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: _____