

CERTIFICATION OF WORK

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

FACID/Building: NY058-104

Date of Visit: 5/14/21

Location Address: Shoreham, Long Island

Contractor Personnel on Site:

Deen Rowe

Work Performed: g Replaced toilet flange and putty to stop the leaking from the stall in Women's 2nd Floor Bathroom.

Service Calls – PO/CSS# 30485

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: DEENVAGHAN ROWE

Date: 5/14/21

Signed: [Signature]

To be signed by Facility Manager:

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

Print Name/Rank: Domingo Rivera SFC

Date: 14 MAY 2021

Signed: [Signature]

Email: _____

