

CERTIFICATION OF WORK

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

FACID/Building: NY058 -104

Date of Visit: 10/22/21

Location Address: Shoreham, Long Island

Contractor Personnel on Site:

Deen Rowe

Work Performed: g Replaced switch on freezestat

Service Calls – PO/CSS# 33092


Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deenvaughn Rowe

Date: 10/22/21

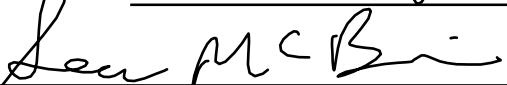
Signed: 

To be signed by Facility Manager:

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

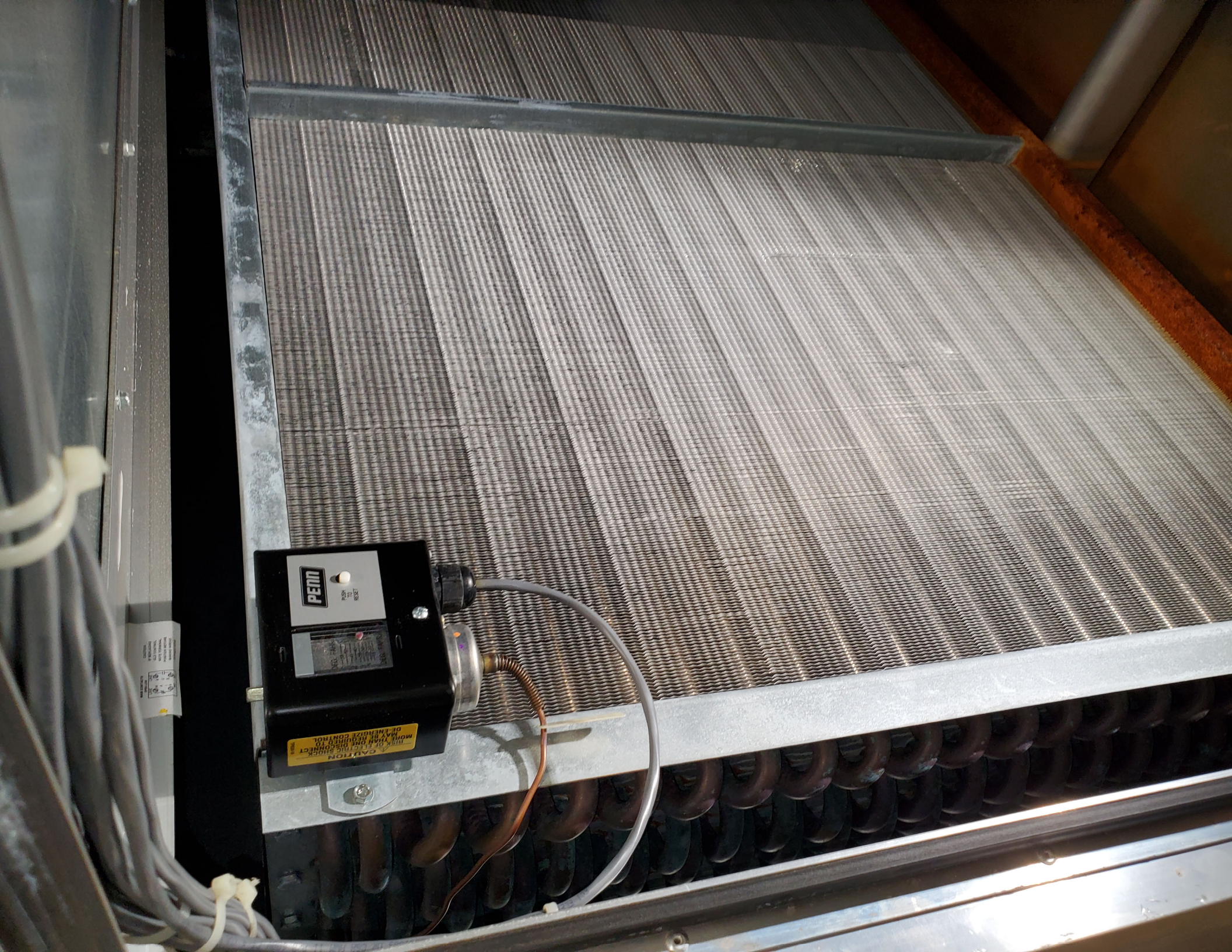
Print Name/Rank: SEAN MCBAIN

Date: 11/01/21

Signed: 

Email: \_\_\_\_\_





PEM

PUSH  
TO  
RESET

CAUTION  
HIGH VOLTAGE  
DO NOT TOUCH  
OR REPAIR  
ELECTRIC PARTS  
UNTIL THE  
POWER IS  
OFF