

CERTIFICATION OF WORK	
(To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building:	WNG WNG Rm
Date of Visit:	6/12/20
Location Address:	Shoreline
Contractor Personnel on Site:	
Brian Bob	
Work Performed: Perform HVAC turn over / HVAC → AC	
Service Calls - PO/CSS#	
2199713 WO 2212	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name:	John Weller
Date:	6/12/20
Signed:	
To be signed by Facility Manager:	
I certify that the above named individuals representing the Contractor arrived on site.	
Print Name/Rank:	SEAN McBRIN
Date:	June 14 2020
Signed:	
Email:	Scam123@charterणetony.ny.us

