

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

FACID/Building: # PA 209 Date of Visit: 5.20.2025

Contractor Personnel on Site:

1. Mike Thomas 2. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. _____

Service Calls – Service Call Number and Description

1. FEMS# 3156594
2. FEMS# _____
3. FEMS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Thomas Date: 5.20.2025

Signed: Mike Thomas

To be signed by Facility Manager:

By signing the Certification of Work, I certify that the above-named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed. This is NOT a Certification that the Work was performed correctly – The COW simply verifies that that someone representing the Contractor was onsite and accomplished something

Print Name/Rank: Sean Karski Date: _____

Signed: Sean Karski

E-Mail: _____