

CIVIL - USAKC
Conneaut Lake
36082441

CERTIFICATION OF WORK

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

FACID/Building: _____ Date of Visit: 4-24-23

Contractor Personnel on Site:

1. Scott King 2. Trans Adams

Work Performed:

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

1. _____

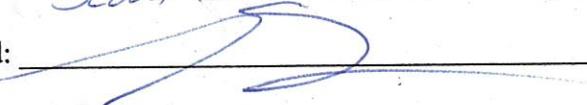
Service Calls – Service Call Number and Description

1. CSS# 92956 replaced dead batteries _____
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

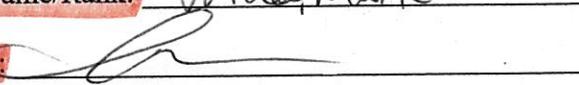
Print Name: Scott King Date: 4-24-23

Signed: 

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: Varley, Mark Date: 24 Apr 23

Signed: 

E-Mail: _____