

#32859393
CMI - Farrell

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

FACID/Building: PA 027 Date of Visit: 3-24-23

Contractor Personnel on Site:

1. Scott Kans 2. Tim Kozlowski

Work Performed:

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

1. Replace Safety edge

Service Calls – Service Call Number and Description

1. CSS# 90948
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Scott Kans Date: 24 MAR 23

Signed: Scott Kans

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: Scott Kans, G Date: 24 MAR 23

Signed: John L. Lee

E-Mail: _____