

CERTIFICATION OF WORK

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

FACID/Building: PA0118 "Conneau" Date of Visit: 9-8-23

Contractor Personnel on Site:

1. Kevin Patronle 2. _____

Work Performed:

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

1. Investigate Trouble Signal on Notifier FACP

Service Calls – Service Call Number and Description

1. CSS# CCS# 93955
2. CSS# _____
3. CSS# _____

FOUND 2 TROUBLES ON PANEL. TAMPER SWITCH IN HYDRO ROOM NEEDED TO BE ADJUSTED. AND KNOX BOX WAS SHOWING THAT IT HAD

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BEEN OPENED. RESET PANEL & ADJUSTED SWITCH. PANEL IS BACK TO NORMAL.

To be signed by the Contractor:

Print Name: Kevin Patronle Date: 9-8-23

Signed: K. Patronle

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: SEIFFERT PAUL WG-10 Date: 8 Sept 2023

Signed: Paul 8/8/23

E-Mail: _____