

CERTIFICATION OF WORK

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

FACID/Building: Office / motor pool Date of Visit: 8-1-24

Contractor Personnel on Site:

1. Brad Cogswell (Grumau Co.) 2. _____

Work Performed:

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

1. FDC Hydro on motor pool and office building. Fire panel batteries replaced in motor pool building.

Service Calls – Service Call Number and Description

1. CSS# SV240728040511 5 yr FDC Hydro/Battery Replacement.
2. CSS# 97686
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brad Cogswell Date: 8-1-2024

Signed: Brad Cogswell

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: BARNES Carla S. Date: 1 Aug 24

Signed: Carla S. Barnes

E-Mail: _____