

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

FACID/Building: VA001 Date of Visit: 10-18-24
ABINGDON VA
Contractor Personnel on Site:

1. CAST Tech. M BASS 2. _____

Work Performed:

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

1. Checking leaking valves in pictures THAT WAS SENT.

Service Calls – Service Call Number and Description

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: MARK BASS Date: 10-18-24

Signed: Mark B

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: Mrs. McManamy, Stephanie Date: 10/15/24

Signed: SM

E-Mail: Stephanie.N.McManamy.CIV@army.mil