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

FACID/Building: WV005   **Date of Visit:** 9-9-25

Contractor Personnel on Site:

1. _Justin Barradale_   2. _____

Work Performed:

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

1. ___Removed existing Lexan print for fire alarm graphic annunciator panel and replaced with updated print to capture___

   changes in panel location, room names, and other alterations

Service Calls -- Service Call Number and Description

1. **CSS# / WO#**   FEMS 2992467
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _Tom Fedoryk -General Manager_ Date: _9/30/2025_

Signed: _Tom Fedoryk_

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: _____ Date: _____

Signed: _____

E-Mail: _____