

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

FACID/Building: WV002 Date of Visit: 1/17/2025

Contractor Personnel on Site:

1. Casto Tech 2. _____

Work Performed:

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

1. WO# 217126

Service Calls – Service Call Number and Description

1. CSS# 17912
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Shawn V. Shelton Date: 1/17/2025

Signed: Shawn V. Shelton

To be signed by Facility Manager:

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:

Print Name/Rank: BELCHER.JASON.MI Digitally signed by 1/17/2025
Signed: BELCHER.JASON.MICHAEL.10509
E-Mail: 85799 Date: 2025.01.17 13:09:26 -05'00'
CHAEAL.1050985799