

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

FACID/Building: PA063N01 Date of Visit: 6-25,26-25

Contractor Personnel on Site:

GRATIS MECHANICAL

1. CHARLES DOWD 2. _____

Work Performed:

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

1. ATTEMPTED TO COMPLETE DISPLAY GRAPHICS. FOUND VAV SYSTEM NOT UPGRADED, AND NOT CONNECTED TO SYSTEM. SPLIT MONITORING ALSO MISSING IN ITS ENTIRETY.

Service Calls - Service Call Number and Description PERFORMED SYSTEM INVESTIGATION TO DETERMINE WORK REQUIRED TO COMPLETE CONTROLS.

1. CSS# / WO# 17995

2. CSS# _____

3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: C. CHARLES DOWD Date: 6-25,26-25

Signed: CD

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: Cynthia Croyle Date: 06/30/2025

Signed: Cynthia Croyle

E-Mail: _____