

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

FACID/Building: Wv007

Date of Visit: 8/5/2025 8/4/20

Contractor Personnel on Site:

1. Casto Technical      2. \_\_\_\_\_

**Work Performed:**

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

1. WO# 220607

**Service Calls – Service Call Number and Description**

1. CSS# Compressor replacement on chiller
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Austin Romaca      Date: 8/5/2025

Signed: 

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: Tom McBurney      Date: 8/5/2025

Signed: 

E-Mail: \_\_\_\_\_