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

FACID/Building: Cross Lane   Date of Visit: 07/10/25

Contractor Personnel on Site:

1. Ben Self   2. _____

Work Performed:

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

1. _____

Service Calls – Service Call Number and Description

1. CSS# / WO# ~~FEMS 3114175~~   FEMS 3190186 _____
2. CSS#_____
3. CSS#_____

_____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Geoffrey King   Date: 07/11/25

Signed: _____ *Geoffrey King* _____

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: Thomas Mcburney   Date: 20250711

Signed: _____ *Thomas m mcburney* _____

E-Mail: _____