

CERTIFICATION OF WORK

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

FACID/Building: wv035 Date of Visit: 12/15/2025

Contractor Personnel on Site:

- 1. casto tech
- 2. \_\_\_\_\_

Work Performed:

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

- 1. WO# 228479

Service Calls – Service Call Number and Description

- 1. CSS# fems 3432910 WO 20732
- 2. CSS# \_\_\_\_\_
- 3. CSS# \_\_\_\_\_

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: jeffrey davis Date: 12/15/2025

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: \_\_\_\_\_ Date: 12/15/2025

Signed: \_\_\_\_\_

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