

CERTIFICATION OF WORK

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

FACID/Building: WV005 Date of Visit: 3/4/2026

Contractor Personnel on Site:

- 1. Casto Tech
- 2. _____

Work Performed:

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

- 1. WO# 229300

Service Calls – Service Call Number and Description

- 1. CSS# _____
- 2. CSS# _____
- 3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Shawn Shelton Date: 3/4/2026

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: 3/4/2026

Signed: _____

E-Mail: _____