

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

FACID/Building: PA118 W01 Date of Visit: 12-26-2024

Contractor Personnel on Site:

1. Robert Muron 2. _____

Work Performed:

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

1. Repair wash Rack recycle system. Replace actuator

Service Calls – Service Call Number and Description

1. CSS# 98701 Replace actuator
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Robert Muron Date: 7-22-25

Signed: RM

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: 07/23/2025

Signed: Cynthia Croyle

E-Mail: _____