

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

FACID/Building: PA209 Date of Visit: 5/30/25

Contractor Personnel on Site:

1. Caleb McNany 2. _____

Work Performed:

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

1. Leaking actuator next to AS-1

Service Calls – Service Call Number and Description

1. CSS# WO 17085 FEMS2935159 PO-0001224 WOs-17383, 18302, 18778
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Caleb McNany Date: 5/30/25

Signed: Caleb McNany

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: _____ Date: _____

Signed: 

E-Mail: scott.w.kawski.civ@army.mil