

CERTIFICATION OF WORK

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

FACID/Building: PA209 Date of Visit: 05-08-24

Contractor Personnel on Site:

1. Brad Cogswell 2.

Work Performed:

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

1.

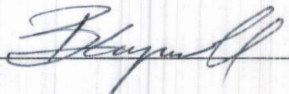
Service Calls – Service Call Number and Description

1. CSS# CSS 97875
2. CSS#
3. CSS#

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brad Cogswell Date: 5-8-24

Signed: 

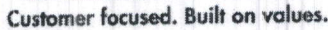
To be signed by Facility Manager:

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: Scott Kawski Date: 21 May 24

Signed:

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



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JOB NAME: USAR

CUSTOMER NAME. USAR

HOURS PER MAN

HOURLY TIME SHEET				
NAME	CLASS	STRAIGHT	OVERTIME	DOUBLE TIME
Brad cogswell	Foreman	4		
TOTAL HOURS		4		

Needed for leak repair
(2) guys 8 hrs

#1 and #2 os&y on backflow in motor pool riser room were leaking from packing and after tightened. The leaks stoped. A small leak was detected from the uniflange under #1 os&y and replacement is advised. System was normal upon departure.

CONFERRED WITH: Scott Kawski DATE: 05/08/24

