

CERTIFICATION OF WORK

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

FACID/Building: VA033 - Galax **Date of Visit:** 7-11-2025

Contractor Personnel on Site:

1. Anthony Robertson
2. Bryson Davis

Work Performed:

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

1. _____

Service Calls – Service Call Number and Description

1. **CSS# / WO#** FEMS 3220268, WO 19529
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Trish Williams

Date: 7-21-2025

Signed: *Trish Williams*

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: Donald Huson Date: 22 July 2025

Signed: *Donald L Huson*

E-Mail: _____

