

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

FACID/Building: WV005 Date of Visit: 9-24-25

Contractor Personnel on Site:

1. ED LEGGE 2. CODY SPANGLER
JOHN NOE

Work Performed:

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

1. Trimming and Removal of trees

Service Calls – Service Call Number and Description

1. CSS# / WO# FEMS 3156616
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: ED LEGGE Date: 10-14-2025

Signed: Ed Legge

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: _____