

CERTIFICATION OF WORK

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

FACID/Building: WV006-Cross Lane Date of Visit: 5-5-25

Contractor Personnel on Site:

1. Nick Reddy 2.

Work Performed:

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

1.

Service Calls – Service Call Number and Description

1. CSS# / WO# FEMS 3114175, WO 18542
2. CSS#
3. CSS#

Installed new cable, set door limits. Door is operational.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Nick Reddy Date: 5-5-25

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: Thomas M Mcburney Date: 20250805

Signed: Thomas m mcburney

E-Mail: