

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

FEMS 3114175, WO 18542

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

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

CERTIFICATION OF WORK

To be signed by the Contractor:

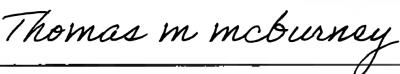
Print Name: Nick Reddy Date: 5-5-25

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: 

E-Mail: _____