

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

FACID/Building: PA118 **Date of Visit:** 8-26-2024

Contractor Personnel on Site:

1. Ed Meek 2. Joe Sheets

Work Performed:

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

1. Repairs and completion of 5-year FDC Hydrostatic Test

Service Calls – Service Call Number and Description

1. CSS# / WO# CSS98356
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ed Meek Date: 8-26-2024

Signed: Ed Meek

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: Cynthia Croyle Date: 10/18/2024

Signed: Cynthia Croyle

E-Mail: _____