

CERTIFICATION OF WORK

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

FACID/Building: PA063 New Castle Date of Visit: 10/10/2024

Contractor Personnel on Site:

1. Kevin Patrone 2. Chris Hoffman

Work Performed:

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

1. Cleared and Corrected Display on Fire Alarm Control Panel

Service Calls – Service Call Number and Description

1. CSS# 99042
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Chris Hoffman Date: 10-10-24

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: Ron Hannon Date: 10 OCT 24

Signed: 

E-Mail: _____