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

FACID/Building: PA027   Date of Visit: 4-24-25

Contractor Personnel on Site:

1. Jacob Deep   2. Jacob Powell

Work Performed:

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

1. _____

Service Calls – Service Call Number and Description

1. CSS# 18292 Lactation Room _____
2. CSS# _____
3. CSS# _____

_____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jacob D Jacob P.   Date: 4-24-25

Signed: JDeep   Jacob Powell

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: scott.w.kawski.civ@army.mil _____