

CERTIFICATION OF WORK

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

FACID/Building: PA118 Date of Visit: 8-27-2024

Contractor Personnel on Site:

1. James Mackalica 2. _____

Work Performed:

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

1. Confirmed fire pump and fire sprinkler/alarm systems online.

Service Calls – Service Call Number and Description

1. CSS#/ WO# 116621 Investigation Operation of Diesel Fire Pump.
2. CSS# Excessive Vehicle Exhaust Caused Fire Alarm Condition
3. CSS# All Fire and Life Safety Components online and In-service.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: James Mackalica Date: 8-27-2024

Signed: James Mackalica

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: 09/17/2024

Signed: Cynthia Croyle

E-Mail: _____