

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

FACID/Building: WV035 Date of Visit: 9-12-2024

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)
WO-16487 G070, WO-16549 4635,4636,4637, WO-16488 G071,
1. WO-16563 4682, WO-16489 G072

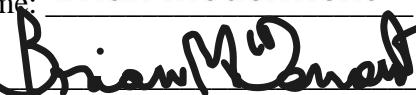
Service Calls – Service Call Number and Description

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Mcderment Date: 9-12-2024

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: _____ Date: 9-12-2024

Signed: 

E-Mail: _____

