

CERTIFICATION OF WORK

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

FACID/Building: WV046 Date of Visit: 4/9/2026

Contractor Personnel on Site:

1. Jordan Koblentz
2. _____
Replace the glycol tank level sensor in the BMA building

Work Performed:

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

1. WO# 221883

Service Calls – Service Call Number and Description

1. CSS# FEMS 3031236 WO 19219
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jordan Koblentz Date: 4/9/2026

Signed: 

To be signed by Facility Manager:

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:

Print Name/Rank: michael boyer Date: 4/9/2026

Signed: 

E-Mail: _____