

CERTIFICATION OF WORK

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

FACID/Building: PA063 Date of Visit: 2/12/2024

Contractor Personnel on Site:

1. Pat Boardman 2. _____

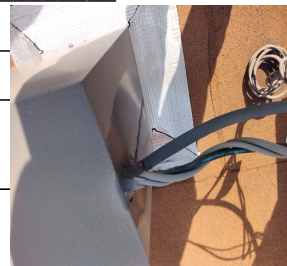
Work Performed:

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

1. 15017

Service Calls – Service Call Number and Description

1. CSS# 94970 Split unit needs replaced Compressor is bad
2. CSS# _____
3. CSS# _____



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Pat Boardman Date: 2/12/2024

Signed: Pat Boardman

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 hennon Date: 2/12/2024

Signed: Ron H

E-Mail: _____



