

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

FACID/Building: PA209 Date of Visit: 7/18/2023

Contractor Personnel on Site:

1. Pat Boardman 2. _____

Work Performed:

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

1. W/0 13388

Service Calls – Service Call Number and Description

1. CSS# 94086 replaced cap for eyewash
2. CSS# _____
3. CSS# _____



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Pat Boardman Date: 7/18/2023

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: SSG BRIAN L AMICK Date: 7/18/2023

Signed: Brian L Amick

E-Mail: _____

