

CERTIFICATION OF WORK

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

FACID/Building: PA209 Date of Visit: 9/2/2025

Contractor Personnel on Site:

1. Pat Boardman 2. _____

Work Performed:

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

1. W/O 18525

Service Calls – Service Call Number and Description

1. CSS# 2934823 worked on handicap showers replaced valves and
2. CSS# hoses and heads both men and women
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Pat Boardman Date: 9/2/2025

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: Scott Miller Date: 9/2/2025

Signed: 

E-Mail: _____

