

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

FACID/Building: WV046

Date of Visit: 2/6/2025

Contractor Personnel on Site:

1. Jordan Koblentz 2. _____

Work Performed:

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

1. WO# 216819 Maximo WO# 17679

Service Calls – Service Call Number and Description

1. CSS# FEMS 2934939
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jordan Koblentz Date: 2/6/2025

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 Dye Date: 2/6/2025

Signed: 

E-Mail: _____

