

## CERTIFICATION OF WORK

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

FACID/Building: WV046

Date of Visit: 4/21/2025

Contractor Personnel on Site:

1. Jordan Koblentz      2. \_\_\_\_\_

### Work Performed:

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

1. WO# 217962

### Service Calls – Service Call Number and Description

1. CSS# FEMS 3030732 WO 18007
2. CSS# Replaced the fan motor and blowr wheel in the Trane Wall-Mounted Heating unit CUH-2 (M# LB12A003, S# S90G-45677) located at the OMS Building.
3. CSS# \_\_\_\_\_

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To be signed by the Contractor:

Print Name: Jordan Koblentz      Date: 4/21/2025

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: dwayne felton      Date: 4/21/2025

Signed: 

E-Mail: \_\_\_\_\_