

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

FACID/Building: WV006 Date of Visit: 5-5-2025

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed:

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

1. May Pm _____

Service Calls – Service Call Number and Description

1. CSS# See Below _____
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Mcderment Date: 5-5-2025

Signed: Brian Mcderment

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: _____ Date: 5-5-2025

Signed: T

E-Mail: _____

WO-18558 9138 WO-18616 G053 WO-18673
3002,3003,3004,3005,3202,3203,3204,3245,3325,3332,3337
WO-18689 6708,6755 WO-18736 9104 WO-18737 9108
WO-18738 9138