

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

FACID/Building: WV006 Date of Visit: 5-30-2025

Contractor Personnel on Site:

1. Brian Mcderment 2. _____

Work Performed:

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

Repaired drain in the mens 1st floor rest room, replaced toilet

1. seat, replaced ceramic soap dishes in the mens and woman's 1st floor rest rooms.

Service Calls – Service Call Number and Description

FEMS 2966340	WO-18015
1. CSS#_____	_____
2. CSS#_____	_____
3. CSS#_____	_____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Mcderment Date: 5-30-2025

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: 5-30-2025

Signed: TJ

E-Mail: _____

