

CERTIFICATION OF WORK

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

FACID/Building: WV024 Date of Visit: 9-10-2024

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed:

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

~~WO-16484 G067, WO-16525 4859, WO-16572 5091,~~
1. ~~WO-16584 5633, WO-16485 G068, WO-16558 4651~~ _____

Service Calls – Service Call Number and Description

1. CSS# September Pm
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Mcderment Date: 9-10-2024

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:  Date: 9-10-2024

Signed: _____

E-Mail: _____

Replaced 3-10 lb Fire Extinguishers & 1-K-Type Fire Extinguishers