

COW

CERTIFICATION OF WORK

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

ny116

FACID/Building: _____ Date of Visit: _____

Contractor Personnel on Site:

1. _____ 2. _____

Work Performed:

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

1. _____

Service Calls – Service Call Number and Description

1. CSS#_____

2. CSS#_____

3. CSS#_____

CERTIFICATION OF WORK

To be signed by the Contractor:

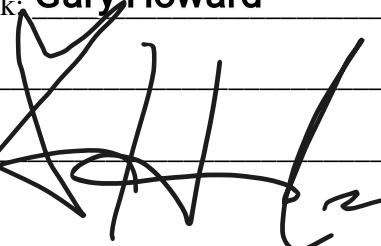
Print Name: _____ Date: _____

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: **Gary Howard** Date: _____

Signed: 

E-Mail: _____

