

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

FACID/Building: WV006 Date of Visit: 8-6,7,8-2025

Contractor Personnel on Site:

1. Brian Mcderment 2. _____

Work Performed:

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

1. August 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: 8-6,7,8-2025

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: Sgt Barbosa, Tullio Date: 8-6,7,8-2025

Signed: TB

E-Mail: _____

WO-19539 3002,3003,3004,3005,3202,3203,3204,
WO19580 9138 WO-19636 G053
WO-19660 6833 WO-19668
6579,6579,6611 WO-19692
6888,6902 WO 19716 G239
WO-19747 7012,7061 WO-19563
3201,3373,4689,4690
WO-19637 G054 WO-19734 6975
WO-19638 G055