

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

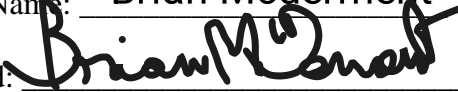
Service Calls – Service Call Number and Description

1. CSS# see below
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

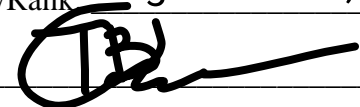
Print Name: Brian Mcderment Date: 8-6,7,8-2025

Signed: 

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: 

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