

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

FACID/Building: WV024 Date of Visit: 9-2-2025

Contractor Personnel on Site:

1. Brian Mcderment 2. _____

Work Performed:

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

1. September Pm See Below

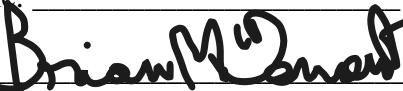
Service Calls – Service Call Number and Description

1. CSS#_____
2. CSS#_____
3. CSS#_____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Mcderment Date: 9-2-2025

Signed: 

To be signed by Facility Manager:

August 19, 2025

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: 9-2-2025

Signed: No one available to sign upon completion

E-Mail: _____

WO-19822 9254 WO-19929 4859 WO-19965 9255
WO-20000 5091 WO-20043 9253 WO 20044 9254 WO-19986
4651