

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

FACID/Building: WV035 Date of Visit: 8-15-2025

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: 8-15-2025

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: CB Date: 8-15-2025

Signed: _____

E-Mail: _____

WO-19562 3195,WO-19590 9289,9290,9291
WO-19651 G070 WO-19697 9303 19707 9288
WO-19708 9311,9305 19725 G249 WO-19742 6996,7045
WO-19652 G071 WO-19742 6996,7045 WO-19653 G072