

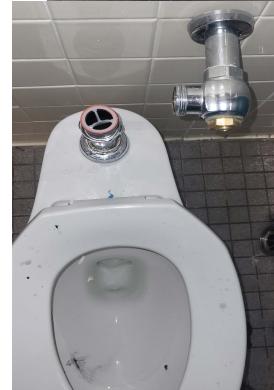
CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: VA001 Date of Visit: 9/20/23



Contractor Personnel on Site:

1. Aaron Skeens 2. Bryan Mcdermenent



Work Performed:

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

1. 13863



Service Calls – Service Call Number and Description

1. CSS# 95020
2. CSS# All Flush Valve Diaphragms and wax rings have been Replaced and toilets resealed to floor. One Flush Valve will have to be ordered for Women's bathroom stall #1.
3. CSS# -AS

CERTIFICATION OF WORK



To be signed by the Contractor:

Print Name: Aaron Skeens Date: 9/20/23

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: SFC Smith, Stephanie, R. Date: 9/20/23

Signed: 

E-Mail: _____



