

CERTIFICATION OF WORK

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

FACID/Building: WV005 Date of Visit: 5/15/23

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO12634 WO12662 WO12635 WO127

Service Calls – Service Call Number and Description

1. CSS# All FE's except one in building two check out well with no issues as well as Ice Makers, Furnace and Air Handler.
2. CSS# AS
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

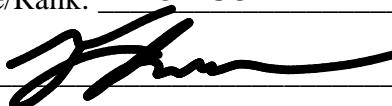
Print Name: Aaron Skeens Date: 5/15/2023

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: Thomsen Date: 5/8/23

Signed: 

E-Mail: _____

