

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

FACID/Building: VA033 Date of Visit: 6/7/23

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO12839 WO12898 WO12944
WO12840 WO12939 JUN PMS

Service Calls – Service Call Number and Description

1. CSS# 1 FE is missing and needs replaced. Filters changed on RTI
2. CSS# Exhaust Fans good. Filters changed on Mini Split Systems
3. CSS# -AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 6/7/23

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: Jermaine soyka Date: 6/7/23

Signed: 

E-Mail: _____



