

CERTIFICATION OF WORK

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

FACID/Building: WV005 Date of Visit: 6/12/23

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO12845 WO12960 WO12846 WO12880 WO12946 JUN F

Service Calls – Service Call Number and Description

1. CSS# All FE's in building 1 check out well
2. CSS# 1 FE missing from building 2.
3. CSS# Filters changed and exhaust fans check out well

-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 6/12/23

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: _____ Date: _____

Signed: _____

E-Mail: _____

