

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

FACID/Building: VA001 Date of Visit: 6/15/23

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO12834 WO12870 WO12835 JUN PM

Service Calls – Service Call Number and Description

1. CSS# All FE in building 1 check out well with no issues
2. CSS# No FE's in building 2 and will need replaced.
3. CSS# Exhaust fans both check out well as well as transfer fans -AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 6/15/23

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: Bonnie Parker Date: 6/15/23

Signed: 

E-Mail: Bonnie.b.parker.ctr@army.m

