

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

FACID/Building: VA001 Date of Visit: 9/5/23

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO13717 WO13853 WO13718 SEP P

Service Calls – Service Call Number and Description

1. CSS# PTAC Units check out well and cooling well
2. CSS# Fire Extinguishers in building 1 check out.
3. CSS# 2 Fire Extinguishers missing from building 2
-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 9/5/23

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: 9/5/23

Signed: 

E-Mail: _____



