



CERTIFICATION OF WORK

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

FACID/Building: VA039 Date of Visit: 9/11/23

Contractor Personnel on Site:

1. Aaron Skeens 2. _____



Work Performed:

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

1. WO13724 WO13787 SEP P
WO1372513817

Service Calls – Service Call Number and Description

1. CSS# All FE in this building check out well with no issues.
2. CSS# ASSET 4638&4645 have been removed for roof repairs and Replaced by transe unit.
3. CSS# MINI SPLIT checks out well with no issues. AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 9/11/23

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: Richard M. Watson Date: 9/11/23

Signed: 

E-Mail: _____



