

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

FACID/Building: VA005 Date of Visit: 10/16/23

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO13911 WO13960. OCT P
WO13912 WO13961

Service Calls – Service Call Number and Description

1. CSS# 1 FE in building 2 could be replaced.
2. CSS# All gutters and roof drains check out well.
3. CSS# All other FE check out well.
-AS

CERTIFICATION OF WORK



To be signed by the Contractor:

Print Name: Aaron Skeens Date: 10/16/23

Signed: Aaron Skeens

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: Wesley Thomsen Date: 10/16/23

Signed: Wesley Thomsen

E-Mail: _____



