

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

FACID/Building: VA001 Date of Visit: 11/01/23

Contractor Personnel on Site:

1. Aaron Skeens 2. Jim Childers

Work Performed:

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

1. WO14153 WO14196 WO14233 WO14154 NOV

Service Calls – Service Call Number and Description

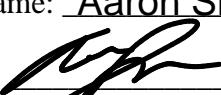
1. CSS# All FE check out well in building 1.
2. CSS# No FE located in building 2.
3. CSS# Trane Air Handler checks out well with no issues.
3. CSS# Could not PM Carrier ODU due to weather.

Freezer, Refrigerator and Ice Maker are out of commission
And will need replaced.

-AS **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 11/01/23

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: SGT Diamond Date: 11/01/23

Signed: 

E-Mail: _____

