

MAINTENANCE RECORD

DATE	BY	DATE	BY
12-7-22	AS	10-11-23	AS
1-5-23	AS	1-6-23	AS
2-4-23	AS	2-5-23	AS
3-4-23	AS	3-5-23	AS
4-1-23	AS	4-2-23	AS
5-1-23	AS	5-2-23	AS
6-1-23	AS	6-2-23	AS
7-1-23	AS	7-2-23	AS
8-1-23	AS	8-2-23	AS
9-1-23	AS	9-2-23	AS
10-1-23	AS	10-2-23	AS
11-1-23	AS	11-2-23	AS

CERTIFICATION OF WORK

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

FACID/Building: VA033 Date of Visit: 11/6/23

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO14158 WO14159 NOV PI

Service Calls – Service Call Number and Description

1. CSS# All FE check out well, 1 FE missing in building 2.
-AS
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 11/6/23

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: Bryan Niemiec Date: 11/6/23

Signed: 

E-Mail: _____



