

CERTIFICATION OF WORK

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

FACID/Building: WV005 Date of Visit: 11/14/23

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO14164 WO14165 NOV PI
WO14192

Service Calls – Service Call Number and Description

1. CSS# All FE check out well. Reznor Air Handler ASSET #3044 has
Been took out of commission and no longer used.
2. CSS# Gas furnace checks out well with no issues.
3. CSS# -AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 11/14/23

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 someone representing the Contractor was onsite and accomplished something

Print Name/Rank: Wesley Thomsen Date: 11/14/23

Signed: 

E-Mail: _____



