

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

FACID/Building: VA001 Date of Visit: 12/15/23

Contractor Personnel on Site:

1. Aaron Skeens 2. _____



Work Performed:

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

1. WO14342 WO14378 WO14343 DEC PI

Service Calls – Service Call Number and Description

1. CSS# FEs in building 1 check out well. No FE located in building 2.
Exhaust Fans check out with no issues.
2. CSS# -AS
3. CSS# _____



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 12/15/23

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: Bonnie Parker SSM Date: 12/15/23

Signed: Bonnie Parker 

E-Mail: Bonnie.b.parker.ctr@army.mil

