



CERTIFICATION OF WORK

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

FACID/Building: VA012 Date of Visit: 12/4/23

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO14344 WO14400 WO14483 DEC PM
WO14345 WO14346

Service Calls – Service Call Number and Description

1. CSS# Only 1 FE in building 3, all others check out well.
Filters changed on RTU Package unit.
2. CSS# 3-piece transfer fan is no longer at VA012. -AS
3. CSS# _____



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 12/4/23

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 Beard Date: 12/4/23

Signed: 

E-Mail: _____



