

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

FACID/Building: VA039 Date of Visit: 12/8/23

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO14349 WO14483 WO14476 DEC PI

Service Calls – Service Call Number and Description

1. CSS# FE in building 1 check out well with no issues.
Mini split filter cleaned.
2. CSS# Transfer Fan and Exhaust Fans check out well
3. CSS# Will return on 12/19/23 to complete PMs in Building 2. WO14350 WO14441 WO14448
-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 12/8/23

Signed: AS

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: Thelma Speight Date: 12/8/23

Signed: TS

E-Mail: _____



