

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

FACID/Building: WV005 Date of Visit: 2/14/24

Contractor Personnel on Site:

1. Aaron Skeens 2. _____



Work Performed:

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

1. WO14799 WO14872 WO14920 FEB F
WO14964 WO14873 WO14933

Service Calls – Service Call Number and Description

1. CSS# All filters have been changed.
2. CSS# Fire Extinguishers check out with no issues
3. CSS# Ice machine, Refrigerator and Freezer check out well with no issue
Water heater checks out in good working order
-AS



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 2/14/24

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: Wesley Thomsen Date: 2/14/24

Signed: 

E-Mail: _____



