

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

FACID/Building: VA039 Date of Visit: 2/12/24

Contractor Personnel on Site:

1. Aaron Skeens 2. \_\_\_\_\_

**Work Performed:**

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

1. WO14800 WO14868 WO14906 WO14919 FEB P  
WO14967 WO14869 WO14968

**Service Calls** – Service Call Number and Description

1. CSS# All air filters have been changed.
2. CSS# All FE's at this location check out well with no issues
3. CSS# Freezer is out of commission and needs replaced.

One Ice Machine needs installed. Water heaters and refrigerator Checks out well with no issues.

-AS **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 2/12/24

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: Thelma Speight Date: 2/12/24

Signed: 



