

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: 