

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

FACID/Building: VA001 Date of Visit: 2/9/24



Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO14861 WO14902 FEB P
WO14928 WO14862



Service Calls – Service Call Number and Description

1. CSS# Fire Extinguishers check out well with no issues
2. CSS# Water heater checks out well with no issues.
3. CSS# Refrigerator, Freezer, and Ice Maker are out of commission.
Needs replaced.
-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 2/9/24

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: Stephanie Smith Date: 2/9/24

Signed: SS

E-Mail: _____



