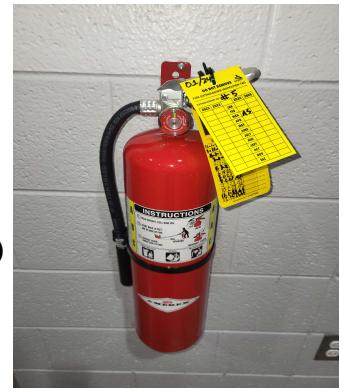


CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: VA001 Date of Visit: 3/4/24



Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO15059 WO15095 WO15060 MAR PM



Service Calls – Service Call Number and Description

1. CSS# 5 FE's replaced in building 1.
2. CSS# 1 FE replaced in building 2.
3. CSS# PTAC Units check out well with no issues. Full Anual PM complete
-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 3/4/24

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: SFC John Diamond Date: 3/4/24

Signed: 

E-Mail: _____

