

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

FACID/Building: VA012 Date of Visit: 3/6/24

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO15061 WO15159 WO15180 WO15062 WO15063 MAR

Service Calls – Service Call Number and Description

1. CSS# All FE in building 1 check out well
2. CSS# Trane RTU checks out flawlessly with no issues. Filters change
3. CSS# HVAC Controls are operating correctly with no issues
Only 1 FE in building 3
-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 3/6/24

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: Wg08 Johnny Amos Date: 3/6/24

Signed: 

E-Mail: _____



