

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

FACID/Building: VA001 Date of Visit: 4/2/24

Contractor Personnel on Site:

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



**Work Performed:**

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

1. WO15283 WO15319 WO15347 WO15284 WO15348 WO15349  
APR PM

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

1. CSS# All FE's at this location check out well with no issues.
2. CSS# Bird removed from one Gutter, a few repairs made and need new
3. CSS# downspout on building 3. Scotch blocks have been reset for proper  
drainage. Fire Prevention system is out of commission and needs  
replaced. All PM's for April are complete.

-AS

**CERTIFICATION OF WORK**



To be signed by the Contractor:

Print Name: Aaron Skeens Date: 4/2/24

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: Mctamaney Date: 4/2/24

Signed: 

E-Mail: \_\_\_\_\_



