

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

FACID/Building: VA012 Date of Visit: 4/4/24

Contractor Personnel on Site:

1. Aaron Skeens 2. _____



Work Performed:

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

1. WO15285 WO15287 WO15350 WO15286 WO15321 APR
WO15351

Service Calls – Service Call Number and Description

1. CSS# All FE in building 1 and 2 check outwell with no issues
2. CSS# Only FE in building 3.
3. CSS# Roof drains and gutters check out well with no issues.
-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

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

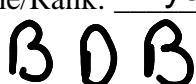
Signed: 



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: Bryan Beard Date: 4/4/24

Signed: 

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