

CERTIFICATION OF WORK

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

FACID/Building: VA033 Date of Visit: 4/8/24

Contractor Personnel on Site:

1. Aaron Skeens
2. _____

Work Performed:

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

1. WO15288 WO15352 WO15289 WO15346 WO15353 APR WO15354

Service Calls – Service Call Number and Description

1. CSS# All FE check out well except 1 missing in building 2.
2. CSS# WO15346 ASSET4622 No longer exists. Has been repla
3. CSS# -AS



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 4/8/24

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 Niemiec Date: 4/8/24

Signed: _____

E-Mail: _____



