

CERTIFICATION OF WORK

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

FACID/Building: VA033 Date of Visit: 5/7/24

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO15485 WO15486 WO15577 MAY PM

Service Calls – Service Call Number and Description

1. CSS# All FE check out well with no issues, except one missing in
2. CSS# building 2. Air compressor checks out well. One fuse replaced.
3. CSS# -AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 5/7/24

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: Hunt, Steven SFC Date: 5/7/24

Signed: 

E-Mail: _____



