

CERTIFICATION OF WORK

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

FACID/Building: WV005 Date of Visit: 5/13/24

Contractor Personnel on Site:

1. Aaron Skeens 2. _____



Work Performed:

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

1. WO15491 WO15519 WO15492 WO15579 MAY PM

Service Calls – Service Call Number and Description

1. CSS# All FE check out well with no issues.
2. CSS# Filters changed on Furnace and Air Handler
3. CSS# Air compressor checks out well.

-AS

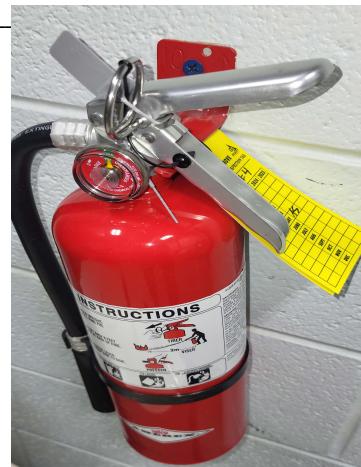


CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 5/13/24

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: Westley Thomsen Date: 5/13/24

Signed: 

E-Mail: _____

