

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

FACID/Building: VA001 Date of Visit: 6/4/24

Contractor Personnel on Site:

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



**Work Performed:**

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

1. WO15661 WO15697 WO15662 JUN PM

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

1. CSS# All FE's at this location check out well with no issues  
Bathroom Exhaust Fans are working well
3. CSS# One Transfer fan isn't working and needs a new fuse  
~ needs a new compatible faceplate.



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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 6/4/24

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: SFC Smith, Stephanie, R Date: 6/4/24

Signed: 

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

