

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

FACID/Building: VA033 Date of Visit: 6/25/24

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO15666 WO15720 WO15766 WO15667 WO15761 JUN



Service Calls – Service Call Number and Description

1. CSS# All FE check out well with no issues.
2. CSS# 6 piece mini Split operating well. Filters Cleaned.
3. CSS# Exhaust Fan in female latrine pending replacement.
Filters changed on rooftop package unit.
-AS



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 6/25/24

Signed: 

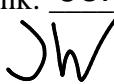
To be signed by Facility Manager:



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: Jordan waugh GS 9 Date: 6/25/24

Signed: 

E-Mail: _____



