

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

FACID/Building: VA039 Date of Visit: 6/11/24

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO15668 WO15752 WO15795 WO15669 JUN PM
WO15760 WO15767

Service Calls – Service Call Number and Description

1. CSS# All FE check out well with no issues.
2. CSS# ASSET 5101 is actually a Blueridge Mini Split. Filter cleaned.
3. CSS# Transfer fan checks out well. ASSET #3879, Hood missing.
Waiting on replacement hood. Filters cleaned on 2 piece mini Split.
2 piece rooftop Exhaust fans have been removed. No longer exists.
-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 6/11/24

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: Gregory Rasnick Date: 6/11/24

Signed: 

E-Mail: _____

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