



CERTIFICATION OF WORK

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

FACID/Building: VA033 Date of Visit: 7/17/24

Contractor Personnel on Site:

1. Aaron Skeens 2. _____



Work Performed:

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

1. WO15905 WO15974 WO16024 WO16083 JULY
WO16108 WO15906 WO15975 WO16009 WO16071

Service Calls – Service Call Number and Description

1. CSS# All FE check out well with no issues.
2. CSS# All unit heaters are working well with no issues.
3. CSS# Booster Pumps running at peak performance.

Flag Delivered and Fan coil units no longer exist at VA033
-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 7/17/24

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: Bryan Niemiec Date: 7/17/24

Signed: 

E-Mail: _____

