

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

FACID/Building: VA039 Date of Visit: 7/15/24



Contractor Personnel on Site:

1. Aaron Skeens 2. _____



Work Performed:

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

1. WO15907 WO16060 WO16086 WO16109 JULY PM
WO15908 WO15977 WO16008 WO16065



Service Calls – Service Call Number and Description

1. CSS# All FE check out well.
2. CSS# Unit heaters check out with no issues.
3. CSS# Flag has been delivered.
Fan coil units have been removed.
-AS



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 7/15/24

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: 7/15/24

Signed: 

E-Mail: _____



