

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

FACID/Building: WV005 Date of Visit: 8/26/24

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO16170 WO16243 WO16298 WO16342 AUG PM
WO16244 WO1631

Service Calls – Service Call Number and Description

1. CSS# ASSET #3044 HAS been took out of commission
2. CSS# and no longer used. Filters changed on ASSET #3401
3. CSS# All FE's at this location check out well with no issues
Filters changed on ice Machine. No filter on refrigerator
Water heaters check out with no issues.

-AS **CERTIFICATION OF WORK**

To be signed by the Contractor:

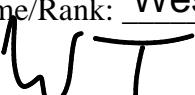
Print Name: Aaron Skeens Date: 8/26/24

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: Westley Thomsen Date: 8/26/24

Signed: 

E-Mail: _____

