

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

FACID/Building: VA039 Date of Visit: 8/9/24

Contractor Personnel on Site:

1. Aaron Skeens 2. \_\_\_\_\_

**Work Performed:**

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

1. WO16171 WO16239 WO16289 WO16345 WO16240 WO16346 AUG PM


**Service Calls** – Service Call Number and Description

1. CSS# Filters changed on Asset #3047. #3048 has been Abandoned
2. CSS# Asset #4638 and 4645 filters cleaned.
3. CSS# Refrigerator and Freezers do not have filters  
Waiting to install ice Machine. All FE check out with no issues  
Water heaters check out well.  
-AS

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 8/9/24

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: Thelma Speight Date: 8/9/24

Signed: 

E-Mail: \_\_\_\_\_



