

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

FACID/Building: VA012 Date of Visit: 8/7/24

Contractor Personnel on Site:

1. Aaron Skeens 2. _____



Work Performed:

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

1. WO16234 WO16286 WO16343 WO16235 WO16236 AUG

Service Calls – Service Call Number and Description

1. CSS# Refrigerator and Freezer doesn't have filters
2. CSS# No Ice Machine at VA012. Water heater checks out well.
3. CSS# Only 1 FE located in building 3
-AS



CERTIFICATION OF WORK



To be signed by the Contractor:

Print Name: Aaron Skeens Date: 8/7/24

Signed: AS

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 Beard Date: 8/7/24

Signed: BB

E-Mail: _____



