

CERTIFICATION OF WORK

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

FACID/Building: VA039 Date of Visit: 3/14/2023

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO12169 WO12236 WO12170 WO12270 MAR PMS



Service Calls – Service Call Number and Description

1. CSS# Both The Carrier and the McQuay have been replaced by 1
2. CSS# Trane Unit. All Checkspoints have been complete and The
3. CSS# package unit is running great. McQuay Mini Split has been replaced by a Blueridge Mini Split.

5 FEs in building 1 located. 3 FEs in building 2.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 3/14/2023

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 someone representing the Contractor was onsite and accomplished something

Print Name/Rank: Mrs. Thelma speight GS 09 Date: 3/14/2023

Signed: 

E-Mail: _____

