

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

FACID/Building: VA012 Date of Visit: 2/2/2023

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO11893 WO11936 WO11962 WO12311 FEB PM
WO12018 WO11894 WO11895

Service Calls – Service Call Number and Description

1. CSS# Ice Makers no longer exists and the upright freezer has been
2. CSS# replaced by two new freezers than need to be installed.
3. CSS# -AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 2/2/2023

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 that someone representing the Contractor was onsite and accomplished something

Print Name/Rank: Bryan Beard Date: 2/2/2023

Signed: 

E-Mail: _____