

CERTIFICATION OF WORK

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

FACID/Building: VA039 Date of Visit: 2/8/2023

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO11827 WO11898 WO11943 WO11969 WO12020 FEB PMS
WO11899 WO12021 WO12314

Service Calls – Service Call Number and Description

1. CSS# Refer to page 2.
2. CSS# -AS
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 2/8/2023

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: Mrs. Thelma speight GS 09 Date: 2/8/2023

Signed: 

E-Mail: _____

All WOs for this location has been complete. 1 Trane Air handler ASSET3047 has been taken out of commission. Both Package Units ASSET4638 (Carrier) and ASSET4645 (McQuay) Have been removed and replaced by a Trane Packaged Unit. 2 Section Freezer ASSET6789 is out of commission and needs replaced. One Ice maker partially installed will need finished installing.

-AS