

CERTIFICATION OF WORK

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

FACID/Building: VA033 Date of Visit: 2/6/2023

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO11896 WO11937 WO11963 WO12015 WO11897 WO984
WO12318 FEB PM

Service Calls – Service Call Number and Description

1. CSS# All FE's are in good working order except one is missing and
 2. CSS# will need replaced. The revised only one Ice Maker in this
 3. CSS# facility and there are also two upright freezers instead of one.
- AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 2/6/2023

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: William Dinkins Date: 2/6/2023

Signed: 

E-Mail: _____