

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

FACID/Building: VA012 Date of Visit: 9/6/23

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO13719 WO13805 WO1382¹³⁸²⁶
WO13720 WO13721 SEP PM

Service Calls – Service Call Number and Description

1. CSS# All FE's check out well with no issues.
2. CSS# Rooftop Package Unit checks out well and is operating at Peak Performance.
3. CSS# AS

One FE missing in building

3. CERTIFICATION OF WORK



To be signed by the Contractor:

Print Name: Aaron Skeens Date: 9/6/23

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: Don Guynn Date: 9/6/23

Signed: 

E-Mail: _____



