



CERTIFICATION OF WORK

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

FACID/Building: VA001 Date of Visit: 10/1/24

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO16674 WO16763 WO16810 WO16764 WO16811 WO16812 OCT PM

Service Calls – Service Call Number and Description

1. CSS# All FE's at this location check out well with no issues
2. CSS# Gutters check out with no issues. One splash block repositioned
-AS
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 10/1/24

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: SFC Smith, Stephanie, R Date: 10/1/24

Signed: 

E-Mail: _____



