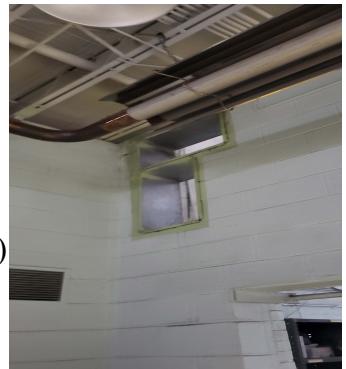


CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: VA033 Date of Visit: 10/21/24



Contractor Personnel on Site:

1. Aaron Skeens 2. _____



Work Performed:

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

1. WO16768 WO16815 WO16769 WO16809 WO16816 WO16817 OCT PM



Service Calls – Service Call Number and Description

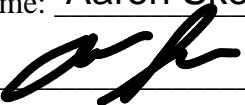
1. CSS# All FE in building 1 and building 2 are now older than 6 years
2. CSS# and need replaced.
3. CSS# Gutter repairs to be made on building 2.

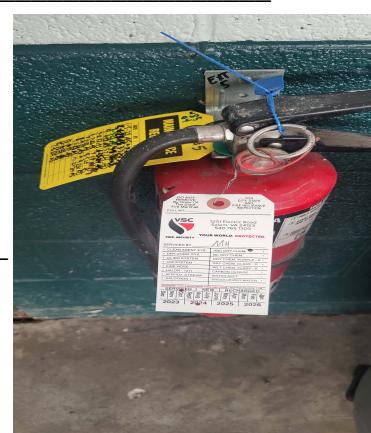
Fan coil units have been removed from VA033
-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 10/21/24

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: Jordan waugh GS 9 Date: 10/21/24

Signed: 

E-Mail: _____



