

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

FACID/Building: WV005 Date of Visit: 11/4/24

Contractor Personnel on Site:

1. _____ 2. _____



Work Performed:

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

1. WO16967 WO16995 WO16968 NOV PM

Service Calls – Service Call Number and Description

1. CSS# All FE's at this location check out well with no issues
2. CSS# Asset #3044 Reznor Air Handler has been abandoned
3. CSS# Asset #3401 checks out well with no issues. PM complete
-AS

CERTIFICATION OF WORK



To be signed by the Contractor:

Print Name: Aaron Skeens Date: 11/4/24

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: Westley Thomsen Date: 11/4/24

Signed: 

E-Mail: _____



