



CERTIFICATION OF WORK

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

FACID/Building: VA039 Date of Visit: 12/12/24

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO17155 WO17242 WO17259 WO17260 WO17261 DEC PM
WO17156 WO17250



Service Calls – Service Call Number and Description

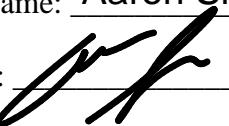
1. CSS# All FE check out well with no issues.
2. CSS# Expansion Tanks and circulating pumps check out with
3. CSS# no issues. All mini split filters have been cleaned.

-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 12/12/24

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: Gregory Rasnick Date: 12/12/24

Signed: 

E-Mail: _____



