



CERTIFICATION OF WORK

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

FACID/Building: VA001 Date of Visit: 1/30/25

Contractor Personnel on Site:

1. Aaron Skeens
2. _____

Work Performed:

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

1. WO17401 WO17438 WO17470 WO17471 WO17569 WO17606 WO17439 JAN PM

Service Calls – Service Call Number and Description

1. CSS# 3 FE pending replacement. All others check out well.
2. CSS# Unit heaters and circulating pumps are working at peak performance.
3. CSS# All FCU HW units check out with no issues. 10' x 19' U.S. flag delivered.
-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 1/30/25

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: 1/30/25

Signed: _____



