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

FACID/Building: __WV033_____ Date of Visit: __1/14/25____

Contractor Personnel on Site:

1. __Aaron Skeens_____   2. _____

Work Performed:

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

1. __WO17655 Toilets not working in women's latrine at VA033-01__

Service Calls – Service Call Number and Description

1. CSS#__2966391_____
2. CSS#__Toilets in women's latrine have been down due to a failed____
3. CSS#__flush valve and also clogging. Toilets have been repaired.____
   -AS

_____
CERTIFICATION OF WORK

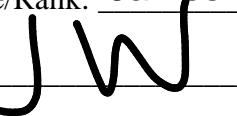To be signed by the Contractor:

Print Name: __Aaron Skeens_____   Date: __1/14/25_____

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: __James Ware_____   Date: __1/14/25__

Signed:_____

E-Mail: _____