



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

FACID/Building: WV005 Date of Visit: 2/21/25

Contractor Personnel on Site:

1. Aaron Skeens



Work Performed:

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

1. WO17689 WO17727 WO17785 WO17827 WO17888 WO17857
FEB PM



Service Calls – Service Call Number and Description

1. CSS# All FE check out well with no issues. Asset #3044 Abandoned.
2. CSS# Filters at WV005 have been changed and refrigerator checks out.
3. CSS# Ice Makers and water heaters check out flawlessly.
-AS



CERTIFICATION OF WORK



To be signed by the Contractor:

Print Name: Aaron Skeens Date: 2/21/25

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: Wesley Thomsen Date: 2/21/25

Signed:

E-Mail:



