

CERTIFICATION OF WORK

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

FACID/Building: VA039 Date of Visit: 2/18/25

Contractor Personnel on Site:

1. Aaron Skeens 2. _____



Work Performed:

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

1. WO17690 WO17726 WO17781 WO17814 FEB PM
WO17826 WO17891 WO17782 WO17892

Service Calls – Service Call Number and Description

1. CSS# All FE's at this location check out well with no issues.
2. css#ice maker and freezer is out of commission and will need new one
3. css#installed. Water heaters check out well with no issues.
All filters have been changed.
-AS



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Thelma Speight Date: 2/18/25

Signed: Thelma Speight



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: Aaron Skeens Date: 2/18/25

Signed: Aaron Skeens

E-Mail: _____



