



CERTIFICATION OF WORK

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

FACID/Building: VA001 Date of Visit: 4/2/25

Contractor Personnel on Site:

1. Aaron Skeens 2. _____



Work Performed:

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

1. WO18461 FEMS3071455 Current carpet in the facility needs replacing

Service Calls – Service Call Number and Description

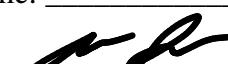
1. CSS# It is recommended that a professional carpet installation
2. CSS# service be engaged to replace the existing carpet.
3. CSS# This project will necessitate the relocation of furniture
and pulling up old carpet adhered to the flooring.

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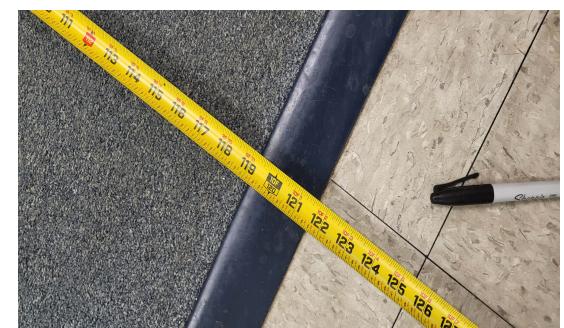


To be signed by the Contractor:

Print Name: Aaron Skeens Date: 4/2/25

Signed: 

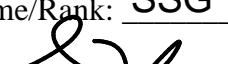
To be signed by Facility Manager:



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: SSG VALDES SIGFREDI Date: 4/2/25

Signed: 

E-Mail: _____



