

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. _____

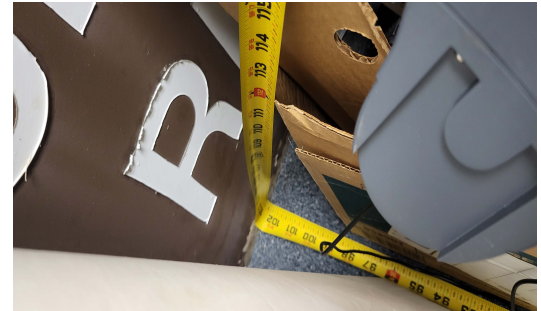
Work Performed:

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.



CERTIFICATION OF WORK

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 SIGFRED Date: 4/2/25

Signed: 

E-Mail: _____

