

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



FACID/Building: VA012 Date of Visit: 5/6/25

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO18549 WO18550 WO18551 WO18606 WO18712 WO18724 MAY 2021
WO18725 WO18726 WO18552 WO18553 WO18554 WO18607
WO18727 WO18728 WO18729 WO18730 WO18731 WO18608

Service Calls – Service Call Number and Description

1. CSS# All filters have been changed checking out well.
2. CSS# PM complete on refrigerator and freezer in building 1.
3. CSS# Semi Anual PM complete on trane furnaces and condensers.
2 FE to be replaced or re inspected and 1 pending needs recharged.
All others check out well with no issues.

-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 5/6/25

Signed: 

To be signed by Facility Manager:

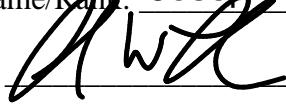


By signing the Certification of Work, I certify that the above-named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed.

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

5/6/25

Print Name/Rank: Joseph lael Date: _____

Signed: 

E-Mail: Joseph.w.lael.civ@army.m

