



CERTIFICATION OF WORK

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

FACID/Building: WV005 Date of Visit: 11-JUN-2025

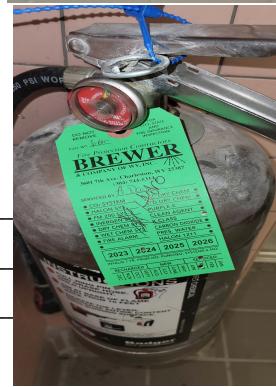
Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO18911 WO18964 WO19000 JUN PM



CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 11-JUN-2025

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: 11-JUN-2025

Signed: 

E-Mail: _____

