



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

FACID/Building: VA001 Date of Visit: 2-JUN-2025

Contractor Personnel on Site:

1. Aaron Skeens

2. _____

Work Performed:

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

1. WO18953 WO18985 WO19060 WO19061 WO19062 WO18954 JUN PM

Service Calls – Service Call Number and Description

1. CSS# Bathroom exhaust fans check out well with no issues.
2. CSS# 2 piece transfer fans are operating well with no issues
3. CSS# Pot feeder, expansion tank and circulating pumps are operating at peak performance. 2 FE need Hydro.
-AS

CERTIFICATION OF WORK

All FE check out well with no issues.

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 2-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: SGT Diamond Date: 2-JUN-2025

Signed: _____

E-Mail: _____



