

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

FACID/Building: VA001 Date of Visit: 1-JUL-2025

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO19232 WO19269 WO19301 WO19435 WO19472
WO19270 JULY PM

Service Calls – Service Call Number and Description

1. CSS# Circulating pumps and unit heater in mechanical room
2. CSS# operating in good working order. PM complete.
3. CSS# FE check out well. 10'x19' U.S. flag delivered.

Men's and womens latrine FCU radiators cleaned
Filter cleaned and PM complete on FCU HW Entry

-AS CERTIFICATION OF WORK

To be signed by the Contractor:

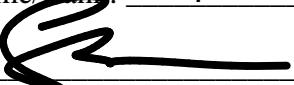
Print Name: Aaron Skeens Date: 1-JUL-2025

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: Stephanie mctamaney Date: 1-JUL-2025

Signed: 

E-Mail: _____

