

### CERTIFICATION OF WORK

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

FACID/Building: VA039 Date of Visit: 17-JUL-2025

Contractor Personnel on Site:

1. Aaron Skeens

### Work Performed:



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

1. WO19276 WO19305 WO19441 WO19475 WO19277 WO19442  
JUL PM

### Service Calls – Service Call Number and Description

1. CSS# All FE check out well except 1 missing from hanger.
  2. CSS# Air Drier and compressor system is out of service.
  3. CSS# All Radiator and tube heaters check out well with no issues.
- 6' x 10' Flag has been delivered. 1 flush valve needs replaced.  
Requesting #CSS to replace in building 2. (Subtotal-\$134.99)  
(1- hr labor) CERTIFICATION OF WORK  
-AS

To be signed by the Contractor:


Print Name: Aaron Skeens Date: 17-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: Anthony Billett Date: 17-JUL-2025

Signed: 

E-Mail: \_\_\_\_\_



Sloan Regal 186 Exposed Manual Urinal Flushometer, 0.5 GPF Man...  
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