



CERTIFICATION OF WORK

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

FACID/Building: WV005 Date of Visit: 8-JUL-2025

Contractor Personnel on Site:

1. Aaron Skeens 2. _____



Work Performed:

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

1. WO WO19356 WO19477 WO19357 WO19443 JUL PM
WO19280



Service Calls – Service Call Number and Description

1. CSS# All FE's at this location check out well with no issues.
2. CSS# 2 piece Reznor unit heaters are operating flawlessly.
3. CSS# Fire alarm system checks out well with no issues.

10' x 15' U.S. flag delivered. -AS



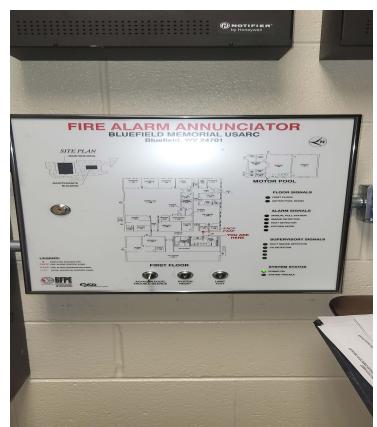
One Type K Fire Extinguishers pending replacement in kitchen.

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To be signed by the Contractor:

Print Name: Aaron Skeens Date: 8-JUL-2025

Signed: AS



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: 8-JUL-2025

Signed: WT



