

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

FACID/Building: VA033 Date of Visit: 11-AUG-2025

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO19629 WO19680 WO19701 WO19712 WO19760 WO19771 AUG PM
WO19630 WO19732

Service Calls – Service Call Number and Description

1. CSS# All FE check out well with no issues. Asset #9068 checks out well.
2. CSS# Waiting on filter for ice machine. Will replace next visit. (good 1 Yr.)
3. CSS# PM complete operating flawlessly. No access to asset #6903
No Access to asset #6970 & #6971. Flag Delivered 15-JUL-2025
Asset #9065 removed and replaced by ASSET #6808 & #9064.

-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 11-AUG-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/RM: SGT Delgado Date: 11-AUG-2025

Signed: 

E-Mail: _____

