

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

FACID/Building: WV005 Date of Visit: 15-SEP-2025

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO19817 WO19870 WO20029 WO20031 WO19979 SEP PM

Service Calls – Service Call Number and Description

1. CSS# Daiken Cassete units check out well with no issues. PM complete.
2. CSS# ASSET #9099 AC in office area isn't working requesting CSS #
3. CSS# Building controls working well with no issues. Filters changed.
ASSET #4639 Carrier PTAC checks out well with no issues.
PM complete and filters cleaned operating at peak performance

-AS **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 15-SEP-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: Wesley Thomsen Date: 15-SEP-2025

Signed: 

E-Mail: _____

