

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

FACID/Building: VA001 Date of Visit: 2-SEP-2025

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO19859 WO19891 WO19950 WO19951 WO19952 SEP PM
WO20020 WO19860

Service Calls – Service Call Number and Description

1. CSS# Asset # 4680 2-pc PTAC Units PM complete, filters and coil clean.
2. CSS# Asset # 9003 , # 9005 , and # 9009 all check out well with no issues.
3. CSS# Asset # 9002 Building controls are operating at peak performance.
All FE at VA001 check out well with no issues.
-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 2-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: SFC Smith, Stephanie, R Date: 2-SEP-2025

Signed: 

E-Mail: _____

