

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

FACID/Building: VA033 Date of Visit: 9-SEP-2025

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO19864 WO19953 WO19954 WO19955 WO19956 WO19997
WO20023 WO19865 WO20009 SEP PM

Service Calls – Service Call Number and Description

1. CSS# All FE in building 1 check out well. 1 FE replaced in kitchen.
2. CSS# Asset #9059, #9060, and #9063 check out well with no issues.
3. CSS# Asset #9062 HWP 1 flange has failed and will need replacement.
Asset #9058 Building controls PM complete. No faults or errors reported.
Asset #4702 PM complete with no issues. Filters changed.

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Asset #5249 PM complete on 6 piece Mini Splits. Operating well with no issues.
Coils cleaned and filters have been cleaned as well. All FE in building 2 check well.
Filters changed on Asset #4702 and Full PM complete operating at peak performance.
To be signed by the Contractor: -AS

Print Name: Aaron Skeens Date: 9-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: Jordan waugh GS 9 Date: 09/09/25

Signed 

E-Mail: _____

