

CERTIFICATION OF WORK

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

FACID/Building: VA039 Date of Visit: 11-Sep-2025

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO19866 WO19957 WO19958 WO19959 WO19978 SEP PM
WO20025 WO19867 WO20008

Service Calls – Service Call Number and Description

1. CSS# 3 FE pending replacement. All others check out well.
2. CSS# Asset # 9079 circulating pumps check out with no issues.
3. CSS# Asset # 9080 expansion tank abandoned and replaced
with Asset # 9081. Asset #9082 HW Storage tank no issues.

McQuey Asset # 5101 replaced by Blueridge Mini Split. Building controls
operating well.

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Asset # 4638 replaced by sea breeze PM complete with no issues

Asset # 4645 Cassete # 1 working well with no issues.

Cassete # 2 is not working. Requesting CSS # for repairs.

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 11-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: Gregory Rasnick Date: 11-Sep-2025

Signed: 

E-Mail: _____

