

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

FACID/Building: VA001-01 Date of Visit: 2-OCT-2025

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO20110 WO20199 WO20095 WO20239 WO20240 OCT PM
WO20251 WO20200 WO20252 WO2025

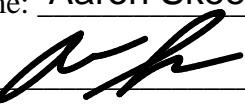
Service Calls – Service Call Number and Description

1. CSS# Boilers check out well with no issues. 2 FE Replaced in VA001-01
2. CSS# All FCU HW units check out with no issues.
3. CSS# All Roof drains and gutters check out well with no issues.
ASSET #9010 kitchen hood is not working.
-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

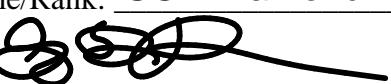
Print Name: Aaron Skeens Date: 2-OCT-2025

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: SGT Diamond Date: 2-OCT-2025

Signed: 

E-Mail: _____

