

CERTIFICATION OF WORK

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

FACID/Building: VA039 Date of Visit: 15-OCT-2025

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO20111 WO20112 WO20113 WO20114 WO20206 WO20259
WO20207 WO20260 WO20261 OCT PM

Service Calls – Service Call Number and Description

1. CSS# Asset # 6523 , # 6564 , # 6565 , & # 6566 PMs complete.
2. CSS# Boilers check out well with no issues or errors reported.
3. CSS# All FE in building 1 check out well with no issues.

Pending replacement of one Gutter on building 1. No access to building 2. All other gutters and drains check out well with no issues.

-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 15-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: DONALD EDWARDS Date: 15-OCT-2025

Signed: 

E-Mail: _____

