

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

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

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO20134 WO20204 WO20096 WO20242 WO20256 OCT PM
WO20205 WO20275 WO20258

Service Calls – Service Call Number and Description

1. CSS# Asset # 6562 and # 6563 check out well with no issues.
2. CSS# All FE in building one check out well with no issues.
3. CSS# Asset # 9061 FCU PM complete with no issues

Asset # 9066 kitchen EF needs replaced.

No Access to building 2 FE. 1 Gutter pending replacement on building 1.
-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 9-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: Keith Jenkins Date: 9-OCT-2025

Signed: 

E-Mail: _____

