

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

FACID/Building: VA012-01 Date of Visit: 7-OCT-2025

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO20201 WO20231 WO20241 WO20163 WO20254 OCT PM
WO20202 WO20255 WO20203

Service Calls – Service Call Number and Description

1. CSS# All FE in building 1 and building 3 check out well.
2. CSS# No access to building 2. Asset # 9057, # G040 and # G093.
3. CSS# Asset # 9021 is out of service and needs replacement.

Asset # 6682 boilers are operating well with no issues.

Asset # 9092 and # G041 roof drains and gutters check out well with no issues

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 7-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: Terrible Brooks SSG Date: 7-OCT-2025

Signed: 

E-Mail: _____

