

CERTIFICATION OF WORK

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

FACID/Building: WV005 Date of Visit: 16-OCT-2025

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO20210 WO20264 WO20265 OCT PM


Service Calls – Service Call Number and Description

1. CSS# All FE check out well at WV005.
2. CSS# Roof drains and gutters have been cleaned
3. CSS# No issues reported at this time.
-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 16-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: Burner, joshua Date: 16-OCT-2025

Signed:  _____

E-Mail: _____

