

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

FACID/Building: VA001 Date of Visit: 22-SEP-2025

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO20291 Rod has slipped and needs repairs

Service Calls – Service Call Number and Description

1. CSS# FEMS # 3265383 Door is latched and secure.
2. CSS# No repairs needed. Latch has been oiled and operating well.
3. CSS# -AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 22-SEP-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: Mrs Mctamaney stephanie Date: 22-SEP-2025

Signed: 

E-Mail: _____

