

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

FACID/Building: VA012 Date of Visit: 3-NOV-2025

Contractor Personnel on Site:

1. Aaron Skeens 2. \_\_\_\_\_

**Work Performed:**

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

1. WO20334 WO20335 WO20336 WO20388 WO20468 WO20479 NOV PM  
WO20497 WO20498 WO20499 WO20337 WO20338 WO20339 WO20389  
WO20500 WO20501 WO20502 WO20503 WO20504 WO20390  
**Service Calls** – Service Call Number and Description

1. CSS# All Nov PM have been complete and filters changed.
2. CSS# All FE check out well. 6' x 10' U.S Flag delivered.
3. CSS# Trane gas furnaces in building 1 have duplicates showing in  
Building 2. Humidifier checks out well with no issues.  
Also, energy recovery wheels duplicated.

AS

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 3-NOV-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: Joseph Liel Date: 3-NOV-2025

Signed: 

E-Mail: \_\_\_\_\_

