

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: _____

