

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

FACID/Building: WV005 Date of Visit: 17-NOV-2025

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO20341 WO20397 WO20421 WO20483 WO20506 WO20507 NOV PM

Service Calls – Service Call Number and Description

1. CSS# Asset #9093 - #9100 filter change & PM complete.
2. CSS# Pending board replacement on Trane gas furnace Asset #3401.
3. CSS# 10" x 15" x U.S. Flag has been replaced. Asset #9095 PM complete.
Asset #3044 Reznor air handler has been abandoned.
-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 17-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: Wesley Thomsen Date: 17-NOV-2025

Signed: 

E-Mail: _____

