

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

FACID/Building: WV005 Date of Visit: 1-DEC-2025

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO20537 WO20590 WO20622 DEC PM

Service Calls – Service Call Number and Description

1. CSS# 20" x 20" x 1" filters changed on Asset #9098.
2. CSS# Fire Extinguishers check out well with no issues.
3. CSS# Filter cleaned on Carrier PTAC unit.
-AS

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Hose fittings swapped for proper use of air compressor.
Can now use various fittings and use high or low pressure hoses.

-AS

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 1-DEC-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: 1-DEC-2025

Signed: 

E-Mail: _____

