

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

FACID/Building: VA001 Date of Visit: 17-DEC-2025

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO20579 WO20611 WO20682 WO20683 WO20684 WO20580 DEC PM

Service Calls – Service Call Number and Description

1. CSS# 1 transfer fan in kitchen is not working. Bathroom exhaust
2. CSS# working well with no issues. All FE check out well with no issues.
3. CSS# Pot feeder and expansion tank operating flawlessly.
Boilers up and operating although, one circulating pump is down.
Requesting outsourcing for further repairs.

-AS **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 17-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: SGT Diamond Date: 17-DEC-2025

Signed: 

E-Mail: _____

