

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

FACID/Building: VA033 Date of Visit: 15-DEC-2025

Contractor Personnel on Site:

1. Aaron Skeens      2. Jim Childers

**Work Performed:**

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

1. WO20584 WO20640 WO20685 WO20686 WO20687 WO20688 DEC PM  
WO20585 WO20681 WO20708

**Service Calls** – Service Call Number and Description

1. CSS# Filters changed on rooftop package unit and 6 piece mini split.
2. CSS# Pot feeder and expansion tank check out well with no issues.
3. CSS# Water circulating pumps check operating at peak performance.  
All FE check out well with no issues as well as building exhaust.  
-AS

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

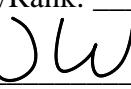
Print Name: Aaron Skeens Date: 15-DEC-2025

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: Jordan waugh GS 9 Date: 15-DEC-2025

Signed: 

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

