

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

FACID/Building: VA039 Date of Visit: 11-DEC-2025

Contractor Personnel on Site:

1. Aaron Skeens 2. _____

Work Performed:

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

1. WO20586 WO20672 WO20689 WO20690 WO20691 DEC PM
WO20587 WO20680

Service Calls – Service Call Number and Description

1. CSS# All FE's at this location check out well with no issues
2. CSS# Filters cleaned on asset #5101 Mini Split. Asset #5246
3. CSS# out of commission. Needs replaced. Asset #9080 Abandoned.
Replaced by asset # 9081 Expansion tank. Circulating pumps
check out well with no issues. Asset #9082 PM Complete.

-AS **CERTIFICATION OF WORK**

To be signed by the Contractor:

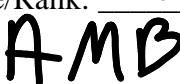
Print Name: Aaron Skeens Date: 11-DEC-2025

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: Anthony Billett/SGT Date: 11-DEC-2025

Signed: 

E-Mail: _____

