

CERTIFICATION OF WORK

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

FACID/Building: VA012-01 Date of Visit: 6-FEB-2026

Contractor Personnel on Site:

- 1. Aaron Skeens
- 2. _____

Work Performed:

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

- 1. WO21060 WO21096 WO21104 WO21166 WO21061 WO21062 FEB

Service Calls – Service Call Number and Description

- 1. CSS# All FE at VA012 check out well with no issues. Manitowoc Ice Machine in building 2
- 2. CSS# Has been removed for replacement. PM complete on KoolMore Ice Machine in
- 3. CSS# Buidling 1. State Ultra Force water heater in building 1 PM complete. No issues.
-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 6-FEB-2026

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: Guynn Date: 6-FEB-2026

Signed: 

E-Mail: _____

