

CERTIFICATION OF WORK

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

FACID/Building: WV001 Date of Visit: 1-APR-2026

Contractor Personnel on Site:

1. Aaron Skeens
2. _____

Work Performed:

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

1. WO21522 WO21564 WO21523 WO21565 WO21566 APR PM

Service Calls – Service Call Number and Description

1. CSS# All roof drains and gutters check out well with no issues.
2. CSS# Saplings and debris removed growing into building 2,
3. CSS# more will be done upon next visit. 2 FE in building 1
as well as 2 FE in building 2 needs servicing.
-AS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Aaron Skeens Date: 1-APR-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: SFC Smith, Stephanie, R Date: 1-APR-2026

Signed: 

E-Mail: _____

