

CERTIFICATION OF WORK

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

FACID/Building: WV005 Date of Visit: 3-APR-2026

Contractor Personnel on Site:

1. Aaron Skeens
2. _____

Work Performed:

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

1. WO21533 WO21577 WO21578 APR PM


Service Calls – Service Call Number and Description

1. CSS# All FE check out well with no issues.
2. CSS# All Roof drains and gutters check out well with no issues.
3. CSS# -AS

CERTIFICATION OF WORK

To be signed by the Contractor:

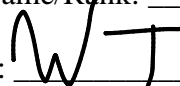
Print Name: Aaron Skeens Date: 3-APR-2026

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: Wesley Thomsen Date: 3-APR-2026

Signed:  _____

E-Mail: _____

NBC 24
DO NOT REMOVE
 FIRE EXTINGUISHER INSPECTION TAG
 EXTINGUISHER NO. #3

2026	2027	2028	2029
AS	JAN		
AS	FEB		
AS	MAR		
	APR		
	MAY		
	JUNE		
	JULY		
	AUG		
	SEPT		
	OCT		
	NOV		
	DEC		



NBC 24
DO NOT REMOVE
 FIRE EXTINGUISHER INSPECTION TAG
 EXTINGUISHER NO. #2

2026	2027	2028	2029
AS	JAN		
AS	FEB		
AS	MAR		
	APR		
	MAY		
	JUNE		
	JULY		
	AUG		
	SEPT		
	OCT		
	NOV		
	DEC		

