**BUILDING SYSTEMS TRAINING**

Project Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Target Date of Substantial Completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Target Date of Final Completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE FOLLOWING ACTIVITIES OCCUR PRIOR TO BUILDING SYSTEMS TRAINING**

YES NO N/A

The Project Manager has sent Facilities Management a copy of the Contractor’s training schedule, prior to training or Substantial Completion, for major systems.

One copy to be filed in the project folder.

**THE FOLLOWING ACTIVITIES OCCUR DURING BUILDING SYSTEMS TRAINING**

YES NO N/A

Equipment training and commission on all major equipment and building systems has been completed.

Equipment training sign in sheet

Training should be completed prior to turnover to FM for operation.

Project Manager has reviewed warranty obligations with the Contractor and Facilities Management. Representatives.

Recommend prior to commissioning.

Date of meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_