**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_