

SBA 159
VERIFICATION OF HVAC TRAINING

Verification of HVAC Training

(Required closeout document to be submitted by the county board of education)

Project Name: _____

Architect/Engineer: _____

Responsible Contractor(s): _____

Date(s) of Training: _____

HVAC training was provided by the responsible contractor for the above referenced project. This training was performed in accordance with the contract documents. All owner's manuals and operating instructions for the HVAC system(s) were provided to the owner for future use. The following individuals were present for the training:

<u>NAME</u>	<u>REPRESENTING</u>	<u>NAME</u>	<u>REPRESENTING</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The following have verified that the required HVAC training has been satisfactorily completed:

_____	_____
<i>(Responsible Contractor's signature)</i>	<i>(Date)</i>
_____	_____
<i>(Responsible Contractor's signature)</i>	<i>(Date)</i>
_____	_____
<i>(County Superintendent's signature)</i>	<i>(Date)</i>
_____	_____
<i>(DOE HVAC technician's signature)</i>	<i>(Date)</i>