## PART 1 – GENERAL

**1.01**   Use a copy of this page as a planning form for demonstrations and training.  Fill in the basic identifying information below:

SBC Project Number: _____

Institution/Location: _____

Project Name: _____

| | Required date of Substantial Completion |
|---|---|

Owner's Facility Coordinator: _____    Phone: _____

Owner's Maintenance Contact: _____    Phone: _____

Contractor Contact: _____    Phone: _____

**1.02**   If a list of required demonstrations and training has been specified in Division 1, use that list as a starting point, review the project manual for other specifications that require training of the Owner's operators, and complete the list below.  Check the box on left if Demonstration and Training is required on the standard listed subjects; add subjects as identified by review of the specifications and check the box to the left of each; and, schedule and indicate an target date for each.  If the number of training subjects exceeds the available space provided here, replace or continue the list on a similarly formatted separate page.  Submit the list with the initial Progress Schedule, and update as necessary during the Work to ensure that advance notice of the demonstration and training schedule is acceptable to the Designer.

| | Spec Reference | Subject | Target Date | Actual Date |
|---|---|---|---|---|
| | | Accessibility | | |
| | | Boiler | | |
| | | Chiller | | |
| | | Controls | | |
| | | Data Transmission | | |
| | | Electrical | | |
| | | Elevator / Conveying | | |
| | | Fire Alarm | | |
| | | Irrigation | | |
| | | Mechanical | | |
| | | Plumbing | | |
| | | Telecommunications | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**PART 2 – PRODUCTS:  not used.**


**PART 3 – EXECUTION**


**3.01**    For each session conducted, use this page as a **Training Verification Report**.

    **A.**    Fill in the information below prior to the session ("End Time" may be filled in after):

SBC Project Number: _____

Institution/Location: _____

Project Name: _____

| Subject Equipment / System: | |
|---|---|
| Spec Reference | |

| Demonstration and Training (by whom, where, when) | Trainer Name: | | Company: | | Phone: |
|---|---|---|---|---|---|
| | Place: | | Date: | Start Time: | End Time: |

    **B.    Minimum Agenda Requirements:**
☐ System Walk-through    ☐ Operation    ☐ Trouble-shooting    ☐ Maintenance    ☐ Safety

    **C.    Attendance:** Each person receiving the demonstration and training shall sign in below, or on a similarly formatted continuation page:

| Initials | Legibly print your name | Unit and title or function |
|---|---|---|
| | | |
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**END OF SECTION**