|  |
| --- |
| **certificate of operating and training instruction** |

|  |  |  |  |
| --- | --- | --- | --- |
| Project No: |  | Date: |  |
| Project Name: |  | | |
| Contractor: |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| The Contractor/Supplier on the above date did instruct Northwest Missouri State University Facilities on the operation of the following named equipment as per the relevant sections of the project specifications: | | | | | | | |
| 1. |  |  | | | | | |
| 2. |  |  | | | | | |
| 3. |  |  | | | | | |
| 4. |  |  | | | | | |
| 5. |  |  | | | | | |
| 6. |  |  | | | | | |
| Attendees | | | | | | | |
|  |  | Signature |  | | Representing |  | Phone No. |
| 1. |  |  | |  |  |  |  |
| 2. |  |  | |  |  |  |  |
| 3. |  |  | |  |  |  |  |
| 4. |  |  | |  |  |  |  |
| 5. |  |  | |  |  |  |  |
| 6. |  |  | |  |  |  |  |
| 7. |  |  | |  |  |  |  |
| 8. |  |  | |  |  |  |  |
| 9. |  |  | |  |  |  |  |
| 10. |  |  | |  |  |  |  |
| This Certification Sheet must accompany the Substantial Completion package. The A/E or A/E representative must participate in this training. | | | | | | | |