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

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

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| 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. |