

CAPITAL PROGRAMS

Office: 660.562.1079

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 Designer or Designer representative must participate in this training.