

School Building Authority of West Virginia
VERIFICATION OF HVAC TRAINING
SBA FORM 500-A

Per the Contract Documents, the Contractor shall coordinate with the Owner a Complete HVAC System training session that includes devices “downstream” and other connected equipment.

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:

NAME	REPRESENTING	NAME	REPRESENTING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

_____ <i>(Responsible Prime Contractor’s signature)</i>	_____ <i>(Date)</i>
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_____ <i>(Responsible Mechanical Subcontractor’s signature)</i>	_____ <i>(Date)</i>
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_____ <i>(Project Architect / Engineer’s signature)</i>	_____ <i>(Date)</i>
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_____ <i>(County Superintendent’s signature)</i>	_____ <i>(Date)</i>
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_____ <i>(WVDE HVAC Technician’s signature)</i>	_____ <i>(Date)</i>
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