

School Building Authority of West Virginia
VERIFICATION OF HVAC TRAINING
 (Required closeout document to be submitted by the County Board of Education)
SBA FORM 159

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:

(Responsible Contractor's signature) _____
(Date)

(Responsible Contractor's signature) _____
(Date)

(County Superintendent's signature) _____
(Date)

(DOE HVAC technician's signature) _____
(Date)

SBA 159
 Revised 9/2015