

## Training and Orientation Record

<b>Portfolio</b>	<b>Portfolio Name</b>	<b>Date</b>
<b>Building ID</b>	<b>Building Name / Location</b>	
<b>Project Name</b>	<b>Project #</b>	
<b>System / Equipment</b>	<b>Specification Section</b>	

**Attendance.** (Manager/ Supervisor signature and number of attendees from department)

**Instructors.**

Trainer	Company	Position/Qualifications

Type	Received	
Orientation of delivered project provided	Yes?	No?
Manufacturer training manuals and/or documentation provided	Yes?	No?
Site demonstration of equipment	Yes?	No?
Classroom presentation	Yes?	No?
Video presentation	Yes?	No?
Question and answer period	Yes?	No?

## Participants

<b>Consultant:</b>	
<b>Project Manager:</b>	
<b>Commissioning Oversight Specialist:</b>	
<b>General Contractor:</b>	

<b>Employee Name</b>	<b>Employee Department</b>	<b>Signature</b>

<b>Brookfield GIS Commissioning Oversight Manager / Specialist</b>	<b>Signature</b>	<b>Date</b>