

TRAINING AND ORIENTATION AGENDA

Project: _____

Date: _____

Equipment / System: _____

Spec Section: _____

Section 1. Audience and General Scope *[Owner and Commissioning Agent fill out this section and transmit entire form to responsible contractors. Attach training specification section.]*

Intended audience type (enter number of staff): ___ facility manager, ___ facility engineer, ___ facility technician, ___ project manager, ___ tenant, ___ other: _____

General objectives and scope of training: (check all that apply)

- ___ A. Provide an overview of the purpose and operation of this equipment, including required interactions of trainees with the equipment.
- ___ B. Provide technical information regarding the purpose, operation and maintenance of this equipment at an intermediate level, expecting that serious malfunctions will be addressed by factory reps.
- ___ C. Provide technical information regarding the purpose, operation, troubleshooting and maintenance of this equipment at a very detailed level, expecting that almost all operation, service and repair will be provided by the trainees.

Section 2. Instructors *[Commissioning agent fills in Company. Trainer fills out the balance, prior to training.]*

<u>ID</u>	<u>Trainer</u>	<u>Company</u>	<u>Position / Qualifications</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Section 3. Agenda *[The responsible contractors have their trainers fill out this section and submit to Owner and Commissioning Agent for review and approval prior to conducting training.]*

Location: ___ site _____ Date _____
 ___ classroom (location) _____, Date _____

<u>Agenda of general subjects covered</u>	<u>Duration</u>	<u>Instructor</u>
<u>Completed</u>	(min.)	(ID)
(√ all that will be covered)	(√ when completed)	(√)
___ General purpose of this system or equipment (design intent)	_____	_____
___ Review of control drawings and schematics (have copies for attendees)	_____	_____
___ Startup, loading, normal operation, unloading, shutdown, unoccupied operation, seasonal changeover, etc., as applicable	_____	_____
___ Integral controls (packaged): programming, troubleshooting, alarms, manual operation	_____	_____
___ Building automation controls (BAS): programming, troubleshooting, alarms, manual operation, interface with integral controls	_____	_____
___ Interactions with other systems, operation during power outage and fire	_____	_____
___ Relevant health and safety issues and concerns and special safety features	_____	_____

- ___ Energy conserving operation and strategies _____
- ___ Any special issues to maintain warranty _____
- ___ Common troubleshooting issues and methods, control system warnings and error messages, including using the control system for diagnostics _____
- ___ Special requirements of tenants for this equipment's function _____
- ___ Service, maintenance, and preventative maintenance (sources, spare parts inventory, special tools, etc.) _____
- ___ Question and answer period _____

Other subjects covered, specific to the equipment:
Completed

Duration **Instructor**

<u>Completed</u>	<u>Duration</u>	<u>Instructor</u>

Total duration of training (hrs) ----->

Training methods that will be included (clarify as needed): (Trainer checks all that apply)

- use of the O&M manuals, illustrating where the verbal training information is found in writing
- each attendee will be provided: 1) the control drawing schematic and sequence of operations;
2) a copy of this agenda.
- discussion/lecture at site _____
- site demonstration of equipment operation _____
- ___ written handouts _____
- ___ manufacturer training manuals _____
- ___ classroom lecture _____
- ___ classroom hands-on equipment _____
- ___ video presentation _____
- question and answer period _____

Section 4. Approvals and Use [Once the Agenda has been filled out by the Trainer, the Owner and Commissioning Agent review, make edits, sign and return to Contractor who provides to the Trainer for use during training. Copies of Agenda shall be provided to trainees.]

This plan has been approved by the following individuals, subject to the additions and clarifications noted in the left columns marked "add." (This is not an approval of training completion.)

Owner's Representative	Date
Commissioning Agent	Date