



EQUIPMENT START-UP TRAINING LOG

Job Name _____ **Job Number** _____

Job Address _____ **Instructor:** _____

Equipment or System: _____

Attendees	Title	Company
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

**Comments/
Observations** _____

**Performed By
(Therma)**

**Observed By
(General/Customer)**

Print Name	Signature	Date