

# LD Docsa Associates, Inc. - General Contractors

## Equipment Startup & Owner Training

Project: \_\_\_\_\_ Contractor: \_\_\_\_\_

Name & Address of Manufacturer: \_\_\_\_\_

Phone No. \_\_\_\_\_

\* Name of Representative: \_\_\_\_\_

Address of Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_

Items covered by Inspection: \_\_\_\_\_

Contractor's Representative(s) Present: \_\_\_\_\_

Owner's Representative(s) Present \_\_\_\_\_

Date(s) of Inspection: \_\_\_\_\_

Time of Day: \_\_\_\_\_ (Inspection Started) \_\_\_\_\_ (Inspection Completed)

Were Manufacturer's Drawings, Operation Instructions and Spare Parts Lists on the job at or prior to Inspection?

\_\_\_\_\_ Yes \_\_\_\_\_ No If answer is no, list deficiencies. \_\_\_\_\_

\*\* Description of operation accomplished under supervision of Manufacturer's Representative or problems encountered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\* Recommendations made by Manufacturer's Representative: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Manufacturer's Representative's Signature: \_\_\_\_\_

Is a return visit recommended or needed: \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, how soon? \_\_\_\_\_

Instruct Plant Personnel in operation and maintenance of equipment? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Attach company or representative's card.

\_\_\_\_\_  
CONTRACTOR (Authorized Signature)

\*\* Use second sheet if additional space required.

\_\_\_\_\_  
OWNER (Authorized Signature)