Training Form

Date	

Dealer Name		Customer Name	

Address		Address:	
		Phone/Contact	( ) -

Machine Model#		Serial#	

Voltage	(L1L2) RS	(L1L3) ST	(L1L3) RT
	VAC	VAC	VAC
Transformer	VAC	Control Voltage	VAC

Training

Control Panel	Down Feed Valve ☐		Parts Manual ☐	
	Pressure Valve ☐		V Drive ☐	NA ☐
	HMI ☐			
	Push Buttons ☐			
Test Cut	Cut rate: in2/min		Material Dimension in **X** in	
	Down feed: in/min		Down feed: ☐	
	Bund Speed: ft/min		Squareness: +/- 0. In ☐	
	Material type:		Repeatability: +/- 0. In ☐	
	Blade Change ☐		Chip Brush ☐	
Accessories	Chip Auger ☐			
	Top Clamps ☐			
	Vis Pressure Regulator ☐			
	Roller Table ☐			
Maintenance	Grease point(s) ☐	Hydraulic Oil ☐		
	Gear Oil ☐	Filter for coolant ☐	Filter for Hyd. ☐	
Training Time	Start:	Completion:		
Cosen Representative	Name:			
	Signature:			
Customer Main Contact	Name:			
	Signature: Email:			

Operator Training

Trained Employee	Name:	
	Signature:	Email:
Trained Employee	Name:	
	Signature:	Email:
Trained Employee	Name:	
	Signature:	Email:
Trained Employee	Name:	
	Signature:	Email:
Trained Employee	Name:	
	Signature:	Email:
Trained Employee	Name:	
	Signature:	Email:

* By signing this document you agree that today's training session was performed adequately and that all questions were answered by the Cosen rep.

Problems and Solutions

Please return to: Cosen Saws, USA, 4527 Dwight Evans Rd., Charlotte, NC 28217 or fax to:704.943.1031

All information will be kept confidential by Cosen.