



LOV™ TRAINING SIGN OFF FORM

Date of Training _____

Store Name _____
 Store # (if applicable) _____
 Address _____
 City/State _____
 Store Phone () _____

Technician _____
 Service Agency _____
 Address _____
 City/State _____
 Country _____

FRYER/FILTER MODEL NUMBER	SERIAL NUMBER (10 DIGIT)									

Training has been conducted on the following areas:

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|--------------------------------|----------------------------------|
| 1) Computer functions | 6) Level 1 Programming |
| 2) Operating the Fryer | 7) Level 2 Programming |
| 3) JIB System | 8) Accessing Info Mode |
| 4) Auto Top Off | 9) Explain Deep Cleaning Process |
| 5) Auto Filter and Filter Menu | 10) Troubleshooting |

Training / Demo Signature Sheet – Key Personnel

* Store Manager's Signature	Printed Name
* Filtration Person Signature	Printed Name
* Key Shift Person Signature	Printed Name
O/O / Staff Personnel	Printed Name
Technician's Signature	Printed Name

* - Mandatory Attendee

TRAINING DECLINED – WARRANTY VOIDED

O/O / Corporate Manager Signature	Printed Name
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