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| INSTALLATION DETAILS Address: | | | | | | | | |
| Appliance Serial Number : | | Meter Serial Number : | | | | | | |
| Meter Start Reading : | | Meter End Reading : | | | | | | |
| CONTROLS: | | | | | | | | |
| Time & temperature control for heating : | | Installed thermostat & programmer / timer | | | | x <input checked="" type="checkbox"/> | | |
| | | Or, installed programmable roomstat | | | | x <input checked="" type="checkbox"/> | | |
|  Pump Setting : | | III | II | I | PP1 | PP2 | CP1 | CP2 |
| Heating zone valves : | | Fitted | x <input checked="" type="checkbox"/> | Not Required | | x <input checked="" type="checkbox"/> | | |
| Thermostatic radiator valves : | | Fitted | x <input checked="" type="checkbox"/> | Not Required | | x <input checked="" type="checkbox"/> | | |
| Automatic system bypass : | | Fitted | x <input checked="" type="checkbox"/> | Not Required | | x <input checked="" type="checkbox"/> | | |
| FOR ALL APPLIANCE INSTALLATIONS CONFIRM THE FOLLOWING: | | | | | | | | |
| The system has been flushed in accordance with the appliance manufacturers' instructions (This includes that the system has been flushed with an appropriate cleaner prior to commissioning and then commissioned using an appropriate inhibitor and strainers have been inspected and cleaned.) | | | | | | x <input checked="" type="checkbox"/> | | |
| FOR THE CENTRAL HEATING MODE, MEASURE AND RECORD THE FOLLOWING: | | | | | | | | |
| Primary Flow Temp. (°C) : | | | | Secondary Flow Temp. (°C) : | | | | |
| Primary Return Temp. (°C) : | | | | Secondary Return Temp. (°C) : | | | | |
| Primary Flow Rate (l/hr) : | | | | Secondary Flow Rate (l/min) : | | | | |
| FOR THE DOMESTIC HOT WATER MODE, MEASURE AND RECORD THE FOLLOWING: | | | | | | | | |
| Primary Flow Temp. (°C) : | | | | Cold Water Inlet Temp. (°C) : | | | | |
| Primary Return Temp. (°C) : | | | | Hot Water Outlet Temp. (°C) : | | | | |
| Primary Flow Rate (l/hr) : | | | | Hot Water Flow Rate (l/min) : | | | | |
| <i>Please note: for normal operation of the appliance a minimum primary supply differential pressure of 0.4 bar is required.</i> | | | | | | | | |
| FOR APPLIANCE INSTALLATIONS CONFIRM THE FOLLOWING: | | | | | | | | |
| The heating and hot water system complies with the current Building Regulations | | | | | | x <input checked="" type="checkbox"/> | | |
| The appliance and associated equipment has been installed & commissioned in accordance with the manufacturers' instructions | | | | | | x <input checked="" type="checkbox"/> | | |
| The manufacturers' literature has been left in the dwelling | | | | | | x <input checked="" type="checkbox"/> | | |
| APPLIANCE COMMISSIONED BY: | | | | | | | | |
| Company Name : | | | | | | | | |
| Commissioning Engineer : | | | | | | | | |
| Sign : | | | | Date : | | | | |
| Additional Notes : | | | | | | | | |