

**COMMISSIONING REPORT & CHECKLIST**

***IMPORTANT This commissioning report must be submitted to CELMEC to register and validate the warranty.***

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<b>CLIENT:</b>	<b>PROJECT:</b>
<b>CONTACT NAME:</b>	<b>CONTACT NO.</b>
<b>SITE ADDRESS:</b>	<b>STATE:</b>
UNIT SERIAL NO.	
UNIT MODEL:	
GAS TYPE:	NG <input type="checkbox"/> LPG <input type="checkbox"/>
OTHER GAS FIRED EQUIPMENT IN BUILDING (SIZE):	YES <input type="checkbox"/> NO <input type="checkbox"/> .....MJ
INLET GAS REGULATOR FITTED:	YES <input type="checkbox"/> NO <input type="checkbox"/>
INLET GAS LINE PRESSURE (kPa):	1.1 kPa NG <input type="checkbox"/> 2.75 kPa LPG <input type="checkbox"/> .....kPa
MANIFOLD GAS FLOW PRESSURE (kPa):	0.9 kPa NG <input type="checkbox"/> 2.5 kPa LPG <input type="checkbox"/>
AIR QUANTITY (l/s): - LOW FAN SPEED (l/s) - HIGH FAN SPEED (l/s)	
DUCT STATIC PRESSURE (EXT): (EXT. Pa)	
MOTOR PULLEY SIZE & SETTING:	
FAN PULLEY SIZE:	
FAN MOTOR (AMPS/KW):	
RPM MOTOR/FAN:	MOTOR ..... FAN .....
BYPASS DAMPER POSITION (if applicable):	CLOSED <input type="checkbox"/> OPEN <input type="checkbox"/>
ON/OFF IGNITION OR ELECT. MODULATION:	ON/OFF <input type="checkbox"/> MOD'N <input type="checkbox"/>
POWER FLUE VENTOR FITTED:	YES <input type="checkbox"/> NO <input type="checkbox"/>
AIR ON TEMP: (°C)	
AIR OFF TEMP: (°C)	
CONTROLS COMPARTMENT TEMP: (°C)	
COMMENTS:	
CHECKED / COMMISSIONED AND APPROVED BY:	

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- |   |                          |
|---|--------------------------|
| 1. Unit level on mounting platform.                                   | <input type="checkbox"/> |
| 2. Unit correctly flashed to prevent water damage.                    | <input type="checkbox"/> |
| 3. "V" belt alignment and tension checked.                            | <input type="checkbox"/> |
| 4. Unit wired in accordance with regulations and operating correctly. | <input type="checkbox"/> |
| 5. Water main flushed before connection to unit.                      | <input type="checkbox"/> |
| 6. Float valve set correctly.   | <input type="checkbox"/> |
| 7. Water flow adequate to all pads.                                   | <input type="checkbox"/> |
| 8. Bleed rate set and bleed hose positioned in overflow.              | <input type="checkbox"/> |
| 9. Filter pads in good order.   | <input type="checkbox"/> |
| 10. Water distribution through pads uniform.                          | <input type="checkbox"/> |

- |   |                          |
|---|--------------------------|
| 11. Control switch tested.  | <input type="checkbox"/> |
| Low speed fan only (ventilation).                                   | <input type="checkbox"/> |
| High speed fan only (ventilation).                                  | <input type="checkbox"/> |
| High speed fan and pump running (cooling).                          | <input type="checkbox"/> |
| Low speed fan and pump running (cooling).                           | <input type="checkbox"/> |
| LPS, HPS units Fresh Air dampers open, R/A damper closed (cooling). | <input type="checkbox"/> |
| High speed fan and heater running (heating).                        | <input type="checkbox"/> |
| Low speed fan and heater running (heating).                         | <input type="checkbox"/> |
| LPS, HPS units Fresh Air dampers closed, R/A damper open (heating)  | <input type="checkbox"/> |

- |  |                          |
|--|--------------------------|
| 12. Unit tested for maximum amperage.                                  | <input type="checkbox"/> |
| 13. Air flow from duct outlets correctly set.                          | <input type="checkbox"/> |
| 14. Adequate air relief openings provided.                             | <input type="checkbox"/> |
| 15. <b>OWNER INSTRUCTED IN METHODS OF OPERATION.</b>                   | <input type="checkbox"/> |
| 16. <b>OWNER ADVISED ON MAINTENANCE &amp; SERVICING THE EQUIPMENT.</b> | <input type="checkbox"/> |
| 17. <b>OWNER PRESENTED WITH OPERATING INSTRUCTIONS.</b>                | <input type="checkbox"/> |

COMMENTS:

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