

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

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| CLIENT: | DATE: |
| INSTALLER: | REF NO. |
| 1. SERIAL NO. | DATE OF PURCHASE: |
| | COMMISSIONED BY: |
| 2. TYPE OF UNIT 75 <input type="checkbox"/> 225 <input type="checkbox"/> 100 <input type="checkbox"/> 250 <input type="checkbox"/> X Series <input type="checkbox"/> 125 <input type="checkbox"/> 300 <input type="checkbox"/> RX Series <input type="checkbox"/> 150 <input type="checkbox"/> 350 <input type="checkbox"/> ON/OFF Ignition <input type="checkbox"/> 175 <input type="checkbox"/> 400 <input type="checkbox"/> Modulating Control <input type="checkbox"/> 200 <input type="checkbox"/> | 10. OPTIONS fitted: CENTRIFUGAL FAN – XC unit <input type="checkbox"/> POWER VENTOR <input type="checkbox"/> AIR BYPASS <input type="checkbox"/> BYPASS VOLUME DAMPER <input type="checkbox"/> |
| | 3. AIR-FLOW CHECK AIR QUANTITY _____ l/s STATIC PRESSURE – UPSTREAM _____ Pa STATIC PRESSURE – DOWNSTREAM _____ Pa |
| 4. AIR TEMPERATURE RISE AIR ON TEMP _____ °C AIR OFF TEMP _____ °C <i>NOTE! Maximum Air Temp Rise NOT to exceed 32°C</i> <input type="checkbox"/> | 12 CONTROLS ENCLOSURE TEMP. _____ °C 13 FLUE DISCHARGE TEMP. _____ °C |
| 5. GAS TYPE N.G. <input type="checkbox"/> L.P.G. <input type="checkbox"/> | COMMISSIONING PERSONNEL: CELMEC: <input type="checkbox"/> CLIENT'S INSTALLER: <input type="checkbox"/> |
| 6. L.P. GAS TANK CAPACITY - Litres: _____ Lt. PRESSURE - kPa: _____ kPa | THE CLIENT HAS BEEN NOTIFIED OF COMPLETION OF COMMISSIONING & INSTRUCTED TO OPERATE THE SYSTEM AND HAS A COPY OF THE OWNERS MANUAL: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. IS AN EXTERNAL GAS REGULATOR FITTED TO THE APPLIANCE? _____ kPa <input type="checkbox"/> YES <input type="checkbox"/> NO MAINS PRESSURE kPa - A Pressure Regulator is incorporated in the Combination Gas Control Valve <i>NOTE! An external Pressure Regulator MUST be installed at the inlet of NG heaters if the inlet gas pressure exceeds 3.0kPa.</i> <input type="checkbox"/> | ITEMS FOUND AT COMMISSIONING |
| 8. INLET GAS PRESSURE at Unit Inlet: NG. 1.1 – 3.0 kPa <input type="checkbox"/> LPG. 2.75 kPa <input type="checkbox"/> _____ kPa <i>NOTE! Inlet gas pressure must be measured and achieved when all heaters including the heater under test and any other gas appliances in the network are running.</i> <input type="checkbox"/> | FIELD SERVICE REPORT CONCERNS: 1. Transportation damage <input type="checkbox"/> 2. Installation / Ductwork substandard <input type="checkbox"/> 3. Unit not working <input type="checkbox"/> 4. Pipe-work substandard <input type="checkbox"/> 5. Electrical installed incorrectly <input type="checkbox"/> 6. High drafts <input type="checkbox"/> 7. Negative plantroom pressure <input type="checkbox"/> 8. Other <input type="checkbox"/> |
| 9. MANIFOLD GAS PRESSURE at Unit Test Point NG. - Required 0.9 kPa <input type="checkbox"/> YES <input type="checkbox"/> NO LPG. - Required 2.5 kPa <input type="checkbox"/> YES <input type="checkbox"/> NO _____ kPa <i>NOTE! Manifold gas pressure must be measured and adjusted when all systems are running.</i> <input type="checkbox"/> | PREVENTATIVE MAINTENANCE 1. 12 months annual service required..... 2. Unit is not working after summer period..... 3. Accessibility: Ladder <input type="checkbox"/> Scissor lift <input type="checkbox"/> Boom lift <input type="checkbox"/> |