

Air-Water Heat Pump Commissioning Checklist

Basic Information	
Company Name:	
Company Address:	
Installation Engineer (Name):	Contact Phone No:
Installer Ref. No. (MCS or equiv)	
Installer Ref. No. (Fgas) (if applicable)	
Manufacturers Design Ref (if applicable)	
Installation Address:	
Installation Contact (Name):	Contact Phone No:
DNO Notified:	<input type="checkbox"/> Yes * <input type="checkbox"/> No
Water Quality Check Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Customer Handover & System Explanation Complete:	<input type="checkbox"/> Yes * <input type="checkbox"/> No Commissioning Date:

System Design	
Property Heat Loss (kW):	
Heat Loss Ambient Temp(°C):	

Outdoor Unit Information	
Outdoor Unit Manufacturer:	Model No:
Outdoor Unit Type (Mono/Split):	
Outdoor Unit Serial No:	
Indoor Serial Number:	
Pipework Insulated:	<input type="checkbox"/> Yes * <input type="checkbox"/> No De-frost/Condensate Provision: <input type="checkbox"/> Yes * <input type="checkbox"/> No
Min Clearances Provided:	<input type="checkbox"/> Yes * <input type="checkbox"/> No
Anti-Vibration Installed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Isolation Valves (Flow & Return) Installed:	<input type="checkbox"/> Yes * <input type="checkbox"/> No
MCB/RCBO rating (Amps):	
Outdoor Isolator fitted:	<input type="checkbox"/> Yes * <input type="checkbox"/> No

Indoor Unit Information	
Indoor Unit Manufacturer:	Model No:
Indoor Unit Type (Hydro/Wiring Ctr):	
Indoor Unit Serial No:	
DHW Cylinder Information	
Cylinder Manufacturer:	Model No:
Controller Information	
Stored DHW Temperature (°C):	
Flow Temperature Set-up (°C):	
Flow Rate (l/min):	
Weather/Load Compensation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legionella Protection Activated:	<input type="checkbox"/> Yes * <input type="checkbox"/> No

Heating System Information	
System Balanced:	<input type="checkbox"/> Yes * <input type="checkbox"/> No
Auto Bypass Fitted:	<input type="checkbox"/> Yes * <input type="checkbox"/> No
Hydraulic Separation (If Reqd):	<input type="checkbox"/> Yes * <input type="checkbox"/> No
Heating Expansion Vessel Fitted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
System Flushed & Cleansed:	<input type="checkbox"/> Yes * <input type="checkbox"/> No
System Filled, purged and inhibitor added as BS 7593: 2019:	<input type="checkbox"/> Yes * <input type="checkbox"/> No
System Filtration as BS 7593: 2019:	<input type="checkbox"/> Yes * <input type="checkbox"/> No
Heating System Frost Protected :	<input type="checkbox"/> Yes * <input type="checkbox"/> No
Primary Min Water Volume Met:	<input type="checkbox"/> Yes * <input type="checkbox"/> No
Secondary Heat Source:	Gas Boiler <input type="checkbox"/> Oil Boiler <input type="checkbox"/> Electric Heater <input type="checkbox"/> Solar Thermal <input type="checkbox"/> Other <input type="checkbox"/>

Supplementary Information (not mandatory)	
System Design	
Design flow temp at outdoor design temp (°C):	
Max & Min flow temperatures (°C):	
Max flow temp at ambient temp (°C):	
Min flow temp at ambient temp (°C):	
Have heat emitters been signed to meet the design heat loss (Y/N):	<input type="checkbox"/> Yes * <input type="checkbox"/> No
Refrigerant Information (if applicable)	
Refrigerant piping length (m):	
Additional refrigerant charge (kg):	
Pressure test (bar):	Vacuum test (mbar):
Heating System:	
Filtration method (strainer/magnetic etc)	
Synchronised control for bi-valent:	<input type="checkbox"/> Yes * <input type="checkbox"/> No

Declaration

Installer Signature:

Print Name:

I confirm the installation complies with all relevant, current building, electrical, water and gas regulations, noise calculations and the relevant manufacturers instructions

Note: If answered No to any of the * highlighted questions, please add the reasons in the Additional Notes

Additional Notes