

Date	
Address installation location/ building	
Address operator	
Address installation company	

Please provide reasons for any items not carried out or answered No in the Remarks field!		Tick as appropriate or enter value/number		Remarks
		Yes	No	
Installation heating centre				
1	Number of installed dwelling stations	stations		
2	Output, type and version of the heat generator	kW		
3	Storage cylinder volume	l		
4	Which setpoint temperature for the storage cylinder has been set at the heat generator?	°C		
5	Circulation pump designation			
5.1	Set delivery head	m		
5.2	Operating mode: Constant pressure	<input type="checkbox"/>	<input type="checkbox"/>	
6	Operation from the buffer storage cylinder to the dwelling stations unmixed [then continue with item 7] or mixed?			
6.1	Has a Regtronic RD-W been installed in a mixed heating circuit?	<input type="checkbox"/>	<input type="checkbox"/>	
6.2	Set flow temperature in the mixing circuit	°C		
7	System pressure primary side	bar		
8	Has a safety valve been installed in the primary circuit?	<input type="checkbox"/>	<input type="checkbox"/>	
9	System pressure potable water side	bar		
10	Has a safety valve been installed in the potable water circuit?	<input type="checkbox"/>	<input type="checkbox"/>	
Please provide reasons for any items not carried out or answered No in the Remarks field!				

Date:	
Address installation location/ building	
Address operator	
Address installation company	
Dwelling unit / Location of the station	

	Please provide reasons for any items not carried out or answered No in the Remarks field!	Tick as appropriate or enter value/number		Remarks
		Yes	No	
Installation Regudis W-HTE GT dwelling station				
1	Item number of the Regudis W-HTE GT			
2	Serial number of the Regudis W-HTE GT			
3	Have the electrical components been checked for firm seating and integrity?	<input type="checkbox"/>	<input type="checkbox"/>	
4	Have strainers been removed, inspected and cleaned or replaced if necessary?	<input type="checkbox"/>	<input type="checkbox"/>	
5	Has the station been vented?	<input type="checkbox"/>	<input type="checkbox"/>	
6	Has the equipotential bonding been properly installed at the dwelling station?	<input type="checkbox"/>	<input type="checkbox"/>	
7	Which potable water temperature has been set on the actuator?	°C		
8	Is the power supply given (the LED on the actuator is lit green, provided that there is no hot water tapping and no circulation mode)?	<input type="checkbox"/>	<input type="checkbox"/>	
9	Is hot water tapping detected (the LED on the actuator flashes green)?	<input type="checkbox"/>	<input type="checkbox"/>	
10	Does the hot water outlet temperature constantly correspond to the set hot water temperature?	<input type="checkbox"/>	<input type="checkbox"/>	
Please provide reasons for any items not carried out or answered No in the Remarks field!				

		Tick as appropriate or enter value/number		Remarks
		Yes	No	
Installed modules and accessories				
1	Have shutoff valves been installed?	<input type="checkbox"/>	<input type="checkbox"/>	
1.1	Are the shutoff valves free-moving and open?	<input type="checkbox"/>	<input type="checkbox"/>	
2	Has a derivative temperature control set been installed?	<input type="checkbox"/>	<input type="checkbox"/>	
2.1	Set temperature Recommended: >10K below the flow temperature			°C
3	Has a water meter installation set been installed?	<input type="checkbox"/>	<input type="checkbox"/>	
4	Has an actuator for zone control been installed in the station?	<input type="checkbox"/>	<input type="checkbox"/>	

Final inspection				
1	Has the installation been checked for leaks?	<input type="checkbox"/>	<input type="checkbox"/>	
Instruction/Handover				
The installer has instructed the operator in the function and intended use of the dwelling station.				<input type="checkbox"/>
The installer has advised the operator on the proper operation of potable water installations.				<input type="checkbox"/>
The installer has handed over the necessary documents to the operator.				<input type="checkbox"/>
Installer / Installation company				

Date / Signature / Stamp				
Operator				
Handover report received				

Date / Signature				