

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! Comparison with the commissioning protocol is recommended				

Date:	
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Dwelling unit / Location of the station	

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		Yes	No	
Maintenance work 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	Are all shutoff valves open?	<input type="checkbox"/>	<input type="checkbox"/>	
7	Which potable water temperature has been set on the actuator?			°C
8	Does the LED on the actuator light up green in pure heating mode?	<input type="checkbox"/>	<input type="checkbox"/>	
9	Does the LED on the actuator flash green when potable water is heated or during circulation?	<input type="checkbox"/>	<input type="checkbox"/>	
10	Flow temperature to the station during hot water tapping			°C
11	Return temperature to the storage cylinder during hot water tapping			°C
12	Does the hot water outlet temperature constantly correspond to the set hot water temperature?	<input type="checkbox"/>	<input type="checkbox"/>	
13	Have the station and accessories been tested for leaks?	<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	
Maintenance work modules and accessories				
1	Have shutoff valves been installed?	<input type="checkbox"/>	<input type="checkbox"/>	
1.1	Are the shutoff valve 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

Repair work (complete only if components are repaired or replaced)				
1	Which component has been replaced?			
1.1	Reason for replacement			
2	Which component has been replaced?			
2.1	Reason for replacement			
4	Has the functional test been carried out in accordance with the operating instructions after the repair work?	<input type="checkbox"/>	<input type="checkbox"/>	

Instruction/Handover	
The installer has informed the operator about the maintenance work carried out.	<input type="checkbox"/>
The installer has informed the operator about possible modifications and repair work.	<input type="checkbox"/>
The installer has handed over the necessary documents to the operator.	<input type="checkbox"/>
Installer / Installation company	

Date / Signature / Stamp	
Operator	
Maintenance protocol received	

Date / Signature	

