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	☐	☐	
6	Operation from the buffer storage cylinder to the dwelling stations unmixed [the continue with item 7] or unmixed?			
6.1	Has a Regtronic RD-W been installed in a mixed heating circuit?	☐	☐	
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?	☐	☐	
9	System pressure potable water side	**bar**		
10	Has a safety valve been installed in the potable water circuit?	☐	☐	
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 dwelling station				
1	Item number of the Regudis W-HTE			
2	Serial number of the Regudis W-HTE			
3	Have the electrical components been checked for firm seating and integrity?	☐	☐	
4	Has the strainer been removed, inspected and cleaned or replaced if necessary?	☐	☐	
5	Has the station been vented?	☐	☐	
6	Has the equipotential bonding been properly installed at the dwelling station?	☐	☐	
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)?	☐	☐	
9	Is hot water tapping detected (the LED on the actuator flashes green)?	☐	☐	
10	Does the hot water outlet temperature constantly correspond to the set hot water temperature?	☐	☐	
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	Has a ball valve connection set been installed?	☐	☐	
1.1	Are the shutoff valves open and free-moving?	☐	☐	
2	Has a derivative temperature control set been installed?	☐	☐	
2.1	Set temperature Recommended: >10K below the flow temperature		°C	
3	Has an upper thermal insulation shell been installed?	☐	☐	
4	Has a potable water circulation module been installed?	☐	☐	
4.1	Set circulation cycles			
4.2	Has a function check of the check valve been carried out?	☐	☐	
5	Has a flow temperature control module been installed?	☐	☐	
5.1	Set flow temperature		°C	
5.2	Has the safety temperature monitor been installed correctly?	☐	☐	
5.3	Has the electrical connecting block with pump logic been installed correctly (pump starts when room thermostat is activated)?	☐	☐	
5.4	Set delivery head of the pump of the mixed heating circuit		m	
5.5	Is the pump in constant pressure mode?	☐	☐	

		Tick as appropriate or enter value/number		Remarks
		Yes	No	
Installed modules and accessories				
6	Have heating circuit connection pieces been installed for the combination of an unmixed and mixed heating circuit?	☐	☐	
7	Has the instantaneous water heater module been installed correctly?	☐	☐	
7.1	Set hot water temperature on the instantaneous water heater module	°C		
8	Other installed modules and accessories			

Final inspection				
1	Has the installation been checked for leaks?	☐	☐	

Introduction/Handover	
The installer has instructed the operator in the function and intended use of the dwelling station.	☐
The installer has advised the operator on the proper operation of potable water installations.	☐
The installer has handed over the necessary documents to the operator.	☐

Installer / Installation company

Date / Signature / Stamp

Operator

Handover report received

Date / Signature