SWS



Checklist for a commissioning order

Pr	operty/site address	Clie	ent				
Pro	perty number	Custor	mer numbe	er	1		
						O Wholesa	lle
Mr/N	ls/Company	Mr/Ms/	Company			○ Installer	
Address		Address			Onevetin		
Address		Address			Operatir	ig company	
Р	reliminary work by planner						
							_
1.	Grouping fittings according to flush plan to ensure concurrency during hyg			hygiene flushes	Ш		
	(turbulent flow)						
2	Settings for hygiene flushes (mode, subscribers, flow time, start, signal) acco				1)		
2.	to flush plan	les (mode, subscribers, flow time, start, signal) accord			i) according	Ц	
	to hush plan						
3.	Colour-coded fields in flush plan (columns AD to BT) filled out in full						
	("Operations flow time" to "Triggering [signal, switch]")						
	(operations not amorto in aggrang [eignal, onition])						
	Planner confirms preliminary work is complete:						
	Date, name in block capitals and signature						
	, ,						
	Please check off completed	d items a	and send f	orm to:	custome	er.service@sch	<u>iell.eu</u>
P	reliminary work by tradespers	eons					
•	iomimaly work by a adoptors	70110					
1.	Completion of all plumbing work						
	(PWC, PWH, PWHC, drain)						
_	Completion of all electrical competions						
2.	Completion of all electrical connections					Ш	
	(bus cabling, server wiring, mains	adapte	er, device	es, ke	y switches)		
3.	Ensuring provision of permanent p	g provision of permanent power supply					П
•							_
4.	Ensuring accessibility to correspor	suring accessibility to corresponding premises on day of commissioning				ning	
_					1.600		
5.	Assignment of bus extender serial numbers to individual fittings (room, room location/position in room, type of fitting) according to flush plan				, room number,	Ш	
	location/position in room, type of fi	tting) a	iccorain	g to 11	usn pian		
6.	Colour-coded fields in flush plan (columns G to AC) filled out in full						
	("Floor" to "Bus extender no.")						
	,						
	Tradesperson confirms preliminary work is complete:						
	Date, name in block capitals and signature						

Please check off completed items and send form to:

customer.service@schell.eu