

Desired start date		Installer representative on site		Intervention reports receiver	
E.T.T project no.:		Full name:		Full name:	
Date:		Email*: <i>Mandatory for documents dispatch</i>		Email*: <i>Mandatory for documents dispatch</i>	
Time:		Mobile:		Mobile:	
Exact site address:	Site No.	Street Name:		City	
	ZIP	Country			
Site SIRET #					
Type of access	<input type="checkbox"/> Ground level	<input type="checkbox"/> Stairs	<input type="checkbox"/> Installer's boom lift & operator	<input type="checkbox"/> Safety cage	<input type="checkbox"/> Others:
Units serial number and type:					

* Mandatory for documents dispatch

INSTALLATION POINTS – PRE-CONDITIONS MUST BE CONFIRMED FOR THE COMMISSIONING OF YOUR UNITS

	Not applicable	Yes	No
ETT personnel can safely access the unit throughout the intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crankcase heaters have been activated 12 hours before commissioning. (ULTIMA not equipped with AFC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic connections have been made, pressure tests and purges have been performed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water filters have been installed (for units on water loop).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas connections have been made, pressure tests and purges have been performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh and exhaust air cowls and sealing gaskets have been installed according to our recommendations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air filters have been installed on all units.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air duct connections have been made for air flow rate adjustment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probes, bus and displays have been connected according to our wiring diagrams and recommendations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buses for BMS have been installed according to our wiring diagrams (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An additional bus has been installed on each unit according to our wiring diagrams for computer connection to the controller [if the unit is controlled by ACTION FROID].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethernet connecting cables for remote supervision have been installed on each unit according to our wiring diagrams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A telephone line has been connected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No fire drill is planned on the day of the intervention (to avoid sudden power failures).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

✓ **Commissioning shall be performed in a single intervention. A fixed fee will be charged for any additional intervention resulting from failure to observe the above mentioned conditions.**
✓ **The guarantee will be considered void if the equipment is operated before commissioning.**

I understand that my presence or representation is necessary throughout the commissioning intervention and that otherwise ETT will note be able to validate peripheral equipment commissioning (flow rate adjustment, control settings, power switch connection, etc.) and will therefore have to express reserves.		<input type="checkbox"/> YES
I understand and agree to the guarantee clauses for ETT units.		<input type="checkbox"/> YES
I understand and agree to the prerequisites for commissioning.		<input type="checkbox"/> YES
For the installer	Date:	Signature, stamp with "Read and approved":
	Full name:	
	Company:	

RESERVED FOR ETT SERVICES	Decision <input type="checkbox"/> Approved <input type="checkbox"/> Postponed	Date:	Time:
Services	Electrical/refrigeration connections <input type="checkbox"/> DESP Initial check <input type="checkbox"/>		
ETT technician Services	Full name:	Title:	
ETT contact person Services	Full name:	Email:	

Reference: MARK-FIC 21-EN_ExportCommissioningRequest_E