

# Commissioning sheet: Central Residential Ventilation System (IBN-zWLG)

Return by fax 0 92 21 / 70 9-5 65

or mail to:

Proj. No. GDD:						L				D
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(from planning documents)

Glen Dimplex Deutschland GmbH  
Kundendienst Systemtechnik  
Am Goldenen Feld 18  
  
95326 Kulmbach

## Central residential ventilation system:

Type: \_\_\_\_\_  
Serial no.: \_\_\_\_\_ Date of manufacture: \_\_\_\_\_  
Purchase data: \_\_\_\_\_ Date of delivery: \_\_\_\_\_

## Air distribution system:

Spiral-wound ducts  Disk valves  Air distribution package/ fresh air system  
 Other: \_\_\_\_\_  
\_\_\_\_\_

## Water heating:

Integrated in ventilation system  with heating system  
 Other: \_\_\_\_\_

## Installation - central ventilation system:

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Postcode/Town: \_\_\_\_\_  
Telephone / Contact person: \_\_\_\_\_

## Electrical installation:

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Postcode/Town: \_\_\_\_\_  
Phone / Contact person: \_\_\_\_\_

## Location of ventilation system:

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Postcode/Town: \_\_\_\_\_  
Phone / Contact person: \_\_\_\_\_  
\_\_\_\_\_

## Heat pump extension module:

Type: \_\_\_\_\_  
Serial no.: \_\_\_\_\_ Manufacture date: \_\_\_\_\_  
Purchase date: \_\_\_\_\_ Delivery date: \_\_\_\_\_

## Heating system:

Reheat register in supply air  no; yes  electric  hot water  
rated capacity \_\_\_\_\_ kW

## Type of back-up heating:

Heat pump f. heating  electric direct heater  electric storage heater  
 oil  gas  solid fuel  
 Other: \_\_\_\_\_

## Installation - air distribution system:

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Postcode/Town: \_\_\_\_\_  
Phone / Contact person: \_\_\_\_\_

## Energy supply company:

Name: \_\_\_\_\_  
Postcode/Town: \_\_\_\_\_  
Phone / Contact person: \_\_\_\_\_  
Off-periods HP:  no  yes; duration max. \_\_\_\_\_ h

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## Visual inspection of central ventilation system installed acc. to specifications and mounting instructions

Installation site acc. to specifications	<input type="checkbox"/> ok	<input type="checkbox"/> faulty	Air reheater *	<input type="checkbox"/> ok	<input type="checkbox"/> faulty	Exhaust air duct and inlets	<input type="checkbox"/> ok	<input type="checkbox"/> faulty
Minimum clearances complied with	<input type="checkbox"/> ok	<input type="checkbox"/> faulty	Outside and outlet air unit	<input type="checkbox"/> ok	<input type="checkbox"/> faulty	Acoustic silencers installed *	<input type="checkbox"/> ok	<input type="checkbox"/> faulty
Hydraulic connection *	<input type="checkbox"/> ok	<input type="checkbox"/> faulty	Outside and outlet air duct	<input type="checkbox"/> ok	<input type="checkbox"/> faulty	Outside air filter	<input type="checkbox"/> ok	<input type="checkbox"/> faulty
Condensate drain	<input type="checkbox"/> ok	<input type="checkbox"/> faulty	Supply/exhaust air silencer *	<input type="checkbox"/> ok	<input type="checkbox"/> faulty	Thermal insulation of ductwork (outside and outlet air ducts, as well as in unheated areas)	<input type="checkbox"/> ok	<input type="checkbox"/> faulty
Remote control	<input type="checkbox"/> ok	<input type="checkbox"/> faulty	Supply air ducts and outlets	<input type="checkbox"/> ok	<input type="checkbox"/> faulty			

## The following activities and functional tests were carried out during commissioning:

System cables installed or checked *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Inspect. and funct. check of outside air filter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Check of hot water heating element *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Functional check of remote control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heat pump commissioned *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Water heating by heat pump checked *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commissioning of ventilation unit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heat pump checked in air cooling mode *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Check of exhaust air filter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Functional check of summer bypass *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heat pump checked in air heating mode *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Operator training conducted (operation, device functions, maintenance, e.g. filter)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* system-specific (planning documents to be observed)

## Air flow sensing (measuring funnel and flow sensor to be used)

Supply Air						Exhaust Air					
Air valve no.	Position / Room	Setpoint m³/h	Actual 1 m³/h	Actual 2 m³/h	CVAC** type m³/h	Air valve no.	Position / Room	Setpoint m³/h	Actual 1 m³/h	Actual 2 m³/h	CVAC** type m³/h
1						1					
2						2					
3						3					
4						4					
5						5					
6						6					
7						7					
8						8					
<b>Total</b>						<b>Total</b>					

Comments / Defects \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\* constant volume airflow controller

Commissioning and handover of residential ventilation unit by authorized Customer Service of Systems Engineering

Company \_\_\_\_\_

Customer service technician \_\_\_\_\_

Street \_\_\_\_\_

Postcode/Town \_\_\_\_\_

Phone/fax \_\_\_\_\_

- Commissioning was completed successfully
- Commissioning completed; defects to be corrected
- Commissioning was aborted;

Follow-up required; date: \_\_\_\_\_

Any defects identified in the commissioning log must be corrected immediately. This is prerequisite for any warranty. The commissioning sheet is to be submitted to GDD GmbH within one month after commissioning.

No liability will be assumed for the proper planning, dimensioning and execution of the overall system.

Date

Signature of customer service technician

Date

Signature of client