



## Commissioning Sheet

### Contact Details:

Name of the Site: \_\_\_\_\_

Site Address: \_\_\_\_\_  
\_\_\_\_\_

Name of the Commissioning Engineer: \_\_\_\_\_

Job Reference Number: \_\_\_\_\_ / Date: \_\_\_\_\_

### System Details:

Alarm Panel Name: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Location of the Alarm panel: \_\_\_\_\_

External Meter Size: \_\_\_\_\_ Internal Meter Size: \_\_\_\_\_

External Valve Fitted:  YES  NO (Size: \_\_\_\_\_ ) Internal Valve Fitted: YES  NO  (Size: \_\_\_\_\_ )

### System Setup:

Is there power to the alarm panel?  YES  NO - Reason: \_\_\_\_\_

Is there running water into the building?  YES  NO - Reason: \_\_\_\_\_

Are the meters connected to the panel?  YES  NO - Reason: \_\_\_\_\_

If there are valves are they connected?  YES  NO - Reason: \_\_\_\_\_

Will the panel power from battery only?  YES  NO - Reason: \_\_\_\_\_

Are there any visual defects?  NO  YES (please note any defects in the additional information area)

### Internal Settings:

Mode Permanent  Daily  Weekly  7 Day  Weekend

Date Set:  YES  NO

Time Set:  YES  NO

Hi Guard Setting: \_\_\_\_\_

Lo Guard Setting: \_\_\_\_\_

High Guard Time Setting: \_\_\_\_\_

Low Guard Time Setting: \_\_\_\_\_

Testing Engineer

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_

Client Representative (we accept that the system described has been tested and commissioned and is in proper working order):

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_