

Installation Check List

Name of Client:		Name of MERUS Distributor:		
Installation Location:			Date of Delivery/Installation:	
		Check List		
Name	Yes	No	N/A	Note
All components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M14 Bolts/Screw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Surface sleeve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Above ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pipe condition	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	<input type="checkbox"/>	
Main problems				
limescale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biofouling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microbiological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety check done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pipe Size		mm		
Ping Size		mm		

Site Manage: _____	Signature: _____	Date: ___/___/_____
Installer/s: _____	Signature: _____	Date: ___/___/_____
	Signature: _____	Date: ___/___/_____

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