

**NB: After commissioning, please photograph or scan completed sheet and return to service@henleystoves.com or return by post to Henley Stoves Service Dept., Curraheen, Tralee, Co. Kerry**

**INSTALLATION & COMMISSIONING CERTIFICATE** (all sections **must** be completed in full to uphold warranty - please use block letters)

**INSTALLATION DETAILS** (Authorised Installer to complete)

Date of installation: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

Installation Technician Name: \_\_\_\_\_

Installation Technician Phone: \_\_\_\_\_

Installation Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_

Company Email: \_\_\_\_\_

**APPLIANCE PURCHASE DETAILS**

Dealer Name: \_\_\_\_\_

Dealer Address: \_\_\_\_\_

Dealer Phone: \_\_\_\_\_

**CUSTOMER DETAILS**

Customer Name: \_\_\_\_\_

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

Eircode: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**APPLIANCE DETAILS**

Stove type (eg. dry) \_\_\_\_\_ Model Name (eg. Bio80): \_\_\_\_\_

Stove Model No: (from badge) \_\_\_\_\_

Stove Serial No: (from badge) \_\_\_\_\_

Flue installed as part of install? Yes  No

Flue used (size/type): \_\_\_\_\_ mm

Are you suitably qualified, experienced and competent to install this appliance? Yes

Have appliance & controls been wired in accordance with local & European electrical regulations in force at the time? Yes

Does the installation comply fully with all appropriate Building Regulations and Manufacturer's guidelines? Yes

Have permanent vent, CO alarms and flue badge been installed in accordance with Building Regulations? Yes

Has proper debris collection method for flue been installed? Yes

Has adequate space been allowed to sweep the chimney? Yes

Was the chimney swept before installation of appliance? Yes

Is all duct piping (if applicable) installed in metal pipe? Yes

**BOILER MODELS ONLY**

New heating system  Replacement system

Open vented system  Sealed system

Automatic bypass fitted? Yes  No  All air removed? Yes

Has system been flushed? Yes  No  Cleanser name: \_\_\_\_\_

Has inhibitor been added? Yes  No  Inhibitor name: \_\_\_\_\_

Buffer tank installed? Yes  No  Buffer capacity: \_\_\_\_\_ ltr

Blending valve installed? Yes  No  Safety valve to \_\_\_\_\_ Yes

Are all water pipes lagged? Yes  No  drain correctly? \_\_\_\_\_

Temp. sensors fitted ok? Yes  Is stove safe & ready to use? Yes

**Sealed Systems Only:**

Expansion vessel volume: \_\_\_\_\_ ltr Pre-charge pres. \_\_\_\_\_ bar

System pressure: Cold: \_\_\_\_\_ bar Hot: \_\_\_\_\_ bar

Installer Signature: X \_\_\_\_\_

**COMMISSIONING DETAILS** (Authorised Installer to complete)

Date of commissioning: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

Commission Technician Name: \_\_\_\_\_

WPS Technician ID: \_\_\_\_\_

Technician Address: \_\_\_\_\_

Technician Phone: \_\_\_\_\_

Technician Email: \_\_\_\_\_

**APPLIANCE OPERATION CHECKS**

<b>Pre-ignition checks</b>		<b>Start-up &amp; operation</b>	
Air intake pipe check:	Yes <input type="checkbox"/>	Pellets dropping after:	1 mins
Flue & exhaust fan check:	Yes <input type="checkbox"/>	Flame appeared after:	>5 mins
Elec. connections/wiring:	Yes <input type="checkbox"/>	"Fire On" after:	>12 mins
Ignition element check:	Yes <input type="checkbox"/>	Normal operation after:	>18 mins
Flue gas sensor check:	Yes <input type="checkbox"/>	Flue temp. after 12 mins:	ca.60 °C
Pressure switch check:	Yes <input type="checkbox"/>	Observed on full power:	30 mins
Screws & panels tight:	Yes <input type="checkbox"/>	Does flame look ok?	Yes <input type="checkbox"/>
Hopper & auger check:	Yes <input type="checkbox"/>	Does glass stay clean?	Yes <input type="checkbox"/>

Does the installation comply fully with all appropriate Building Regulations & Manufacturer's guidelines? Yes

Have you checked the entire installation of the stove and flue for any abnormalities and/or water or flue gas leaks? Yes

Have you checked appliance parameters against appropriate parameter sheet to ensure correct set-up? Yes

Have you demonstrated the operation of the appliance and explained the maintenance schedule to the customer? Yes

Have you stressed the importance of using good quality, EN Plus A1 standard, wood pellets to the customer? Yes

Have ventilation requirements for fuel-burning appliances been adhered to in accordance with Building Regulations? Yes

Stove checked that service alarm has been activated? Yes

Room checked for presence of other extraction fans? Yes

Have appropriate number of CO alarms been installed & Manufacturer's literature & copy of this sheet left with customer? Yes

**DUCTABLE MODELS ONLY**

Have you checked that stove duct fans have been switched on? Yes

**BOILER MODELS ONLY**

Flue Gas Analyser Make & model: \_\_\_\_\_

details: Calibration Date: \_\_\_\_\_

<b>Boiler Performance</b> (on full output)		<b>Chimney/Flue Details</b>	
CO concentration:	ppm	Twin wall <input type="checkbox"/> Masonry <input type="checkbox"/>	
CO <sub>2</sub> concentration:	%	Other (explain): _____	
O <sub>2</sub> percentage:	%	Inner diameter:	mm
Flue gas temperature:	°C	Height overall:	m
Combustion efficiency:	%	Height above eaves:	m
Set water temperature:	°C	Dist. to adjacent buildings:	m
Chimney draught	Pa	Number of bends used	

**Wood pellet details:**

Pellet manufacturer: \_\_\_\_\_ Moisture content \_\_\_\_\_ %

Pellet calorific value/kg: \_\_\_\_\_ kWh Ash content \_\_\_\_\_ %

Commission Technician Signature: X \_\_\_\_\_

Please refer to user's manual for information about the 2 years warranty on spare parts.

**CUSTOMER HANDOVER** (Customer to complete)

*Dear customer, please tick and sign to indicate your understanding*

I have been shown how to operate and to clean the appliance on a daily basis & how to take out the ashes Yes

I have been advised to service appliance after reminder alarm or once per annum, whichever occurs first Yes

I have been advised about correct fuel/quality of fuel for the system, fuel moisture requirements & how to store the fuel Yes

I have been told of the importance of reading the User Manual Yes

I have been given a copy of the User Manual in English Yes

I understand that the appliance warranty is dependent on correct installation, commissioning and usage of the appliance Yes

Customer Signature: X \_\_\_\_\_

Your details will be used to register your appliance for warranty purposes. Appliance must be commissioned by an Authorised Technician to activate full warranty. Your details may also be used for marketing purposes & we may contact you in the future via phone or email with info about new products, services or special offers. If you do not wish to be contacted for marketing purposes, please tick here