ITV Checklist

INSTALLATION REPORT

Model:		Installer Company:	
Serial Number:		Technicians Name:	
Customer:		Installation Date:	
Address:		Commissioning Date:	
Country:		State/Region:	
City:			

INSPECTIONS

Are there any aesthetic defects? (Provide images)	Yes:		No:	
Are there any damage to the refrigeration components/equipment? (Provide images)	Yes:		No:	
Are all the protective films removed?	Yes:		No:	
Front:				
Rear:				
Is the installed equipment level? (Adjust if needed)	Yes:		No:	
Approved water filter installed? (Provide images)	Yes:		No:	
Back flow protection device fitted? (Provide images)	Yes:		No:	
No direct exposure to heat sources? (Ovens, sunlight, etc)	Yes:		No:	
Ambient temperature within operating range? (10~43 °C)	Yes:		No:	
Water pressure verified? (min. 1 bar / max. 6 bar)	Yes:		No:	
Inlet water temperature within range? (10~30 °C)	Yes:		No:	
Drain line connected with slope? (min. 3 cm/m).	Yes:		No:	
Voltage and frequency match data plate?	Yes:		No:	
Dedicated line with circuit breaker and RCD?	Yes:		No:	
Proper grounding verified?	Yes:		No:	
Power cord and plug in good condition?	Yes:		No:	

START UP TEST/RUN TEST

Initial water fill completed correctly?	Yes:		No:	
No water leaks detected?	Yes:		No:	
First ice cycles checked? (shape/size correct)	Yes:		No:	
No abnormal noises or vibrations?	Yes:		No:	
Bin full shut-off tested and functional?	Yes:		No:	
Condenser airflow verified?	Yes:		No:	
Water pump working properly?	Yes:		No:	
Drain pump working properly? (if applicable)	Yes:		No:	
Record the time between harvests?	Mins:			

HANDOVER TO CUSTOMER

Customer instructed on cleaning & maintenance?	Yes:		No:	
Customer informed about filter replacement?	Yes:		No:	
Customer confirms proper operation?	Yes:		No:	

Remarks:

Installer Signature:

Customer Signature:

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