



# COMMISSIONING REQUEST FORM

Please be aware the boiler must be commissioned within 3 months of the installation date to qualify for the full warranty. Triangletube may require a holding payment prior to commissioning.

## SITE DETAILS

Site contact name: _____	Site contact phone number: 1 _____
Site name: _____	_____
Site address: _____	_____
_____	Site contact phone number: 2 _____
_____	_____
Zip Code: _____	_____

## BOILER DETAILS

### BOILER 1:

Make & model: _____	Installation date: _____
Full serial number: _____	Purchase date: _____
Proof of purchase attached: _____	YES / NO

### BOILER 2:

Make & model: _____	Installation date: _____
Full serial number: _____	Purchase date: _____
Proof of purchase attached: _____	YES / NO

### BOILER 3:

Make & model: _____	Installation date: _____
Full serial number: _____	Purchase date: _____
Proof of purchase attached: _____	YES / NO

### BOILER 4:

Make & model: _____	Installation date: _____
Full serial number: _____	Purchase date: _____
Proof of purchase attached: _____	YES / NO



## BOILER DETAILS

### BOILER 5:

Make & model: \_\_\_\_\_ Installation date: \_\_\_\_\_  
Full serial number: \_\_\_\_\_ Purchase date: \_\_\_\_\_  
Proof of purchase attached: YES / NO

### BOILER 6:

Make & model: \_\_\_\_\_ Installation date: \_\_\_\_\_  
Full serial number: \_\_\_\_\_ Purchase date: \_\_\_\_\_  
Proof of purchase attached: YES / NO

## INSTALLER DETAILS

Contact name: \_\_\_\_\_ Contact number: \_\_\_\_\_  
Company name: \_\_\_\_\_ Email address: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Zip code: \_\_\_\_\_

Note: If using a BMS system - ensure controls engineer is on site at commissioning

## APPOINTMENT DETAILS

Requested 3 visit dates\* \* \_\_\_\_\_

\*\*Please be aware that we require a minimum of 7 days notice before the visit date and a requested date is not confirmation of an appointment.

Is a site orientation necessary? please state start time and duration

YES / NO

Hrs

Mins

We allow an orientation time of 60 minutes; any additional time will be charged at \$100 to the nearest half hour.

Are Risk Assessment / Method Statements required? YES / NO

*Please note the system must be cold and have sufficient heat load so all boilers can be fired to full rate*



## REPORTS

Please provide at least 2 email addresses / fax numbers for the report and warranty certificate (where applicable) upon completion of a successful commissioning:

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Email 3: \_\_\_\_\_

## INSTALLATION DETAILS

All of the below must be completed for us to carry out the commissioning.  
Please give details of any special instructions in the box provided at the bottom.  
Should we be unable to carry out the work, we reserve the right to make a charge for the full cost of the visit. Any calls canceled without 24 hours notice will be charged at the full commissioning cost.

Yes or No

Is adequate purpose-built ventilation installed?  
Does the flue comply with ANSI Z223.1/NFPA 54/CSA B149.1 ANSI Z21.13/CSA 4.9, UL approved?  
Has the electrical supply been connected with option to isolate?  
Does each boiler have an individual circuit breaker?  
Has water been connected, boiler filled and air removed?  
Has the gas been connected and purged?  
Have all external controls been commissioned & operational? Including  
pumps  
relays  
external safeties  
BMS connections  
thermostat connections  
cascade wiring  
system sensors

Is a permanent light & power outlet available in the boiler room?  
Is the boiler showing any faults? (If yes, please advise in the box below)  
Is the boiler fully accessible?  
Has the system been flushed before filling?  
has any chemical treatments been added to the water?  
Is adequate on-site parking available?  
Has the condensate drainage been piped up?  
Are the intake and exhaust terminations accessible?  
If using Propane, is the tank supply sufficient?  
What percentage has this been calculated at?  
Is ventilation mechanical or natural?

50%, 75%, 100%  
MECHANICAL / NATURAL



Additional site information:

Sign: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Once completed, please send this form to [techsupport@triangletube.com](mailto:techsupport@triangletube.com)

Confirmation of your visit date will be supplied within 5 working days