The Renewable Solutions Provider

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Commissioning Document

Ecodan Heating and Hot Water Heat Pumps





Air Conditioning | Heating Ventilation | Controls



TROCIM



Notes

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Service Record

Ecodan Service Record

It is recommended that your Ecodan is serviced regularly and that the appropriate Service Interval Record is completed.

Service Provider

Before completing the appropriate Services Interval Record below, please ensure you have carried out the service as described in the manufacturer's instructions.

Always use the manufacturer's specified spare part when replacing components.

| | SERVICE 1 | SI | ERVICE 2 |
|--------------------|-----------|--------------------|-----------|
| AEI Engineer Name: | | AEI Engineer Name: | |
| AEI Company Name: | | AEI Company Name: | |
| AEI Telephone No. | AEI No. | AEI Telephone No. | AEI No. |
| Comments: | | Comments: | |
| | | | |
| Sig. | Date: | Sig. | Date: |
| | SERVICE 3 | SI | ERVICE 4 |
| AEI Engineer Name: | | AEI Engineer Name: | |
| AEI Company Name: | | AEI Company Name: | |
| AEI Telephone No. | AEI No. | AEI Telephone No. | AEI No. |
| Comments: | | Comments: | |
| | | | |
| Sig. | Date: | Sig. | Date: |
| | | | |
| | SERVICE 5 | | ERVICE 6 |
| AEI Engineer Name: | | AEI Engineer Name: | |
| AEI Company Name: | | AEI Company Name: | |
| AEI Telephone No. | AEI No. | AEI Telephone No. | AEI No. |
| Comments: | | Comments: | |
| | | | |
| Sig. | Date: | Sig. | Date: |
| | SERVICE 7 | SI | ERVICE 8 |
| AEI Engineer Name: | | AEI Engineer Name: | |
| AEI Company Name: | | AEI Company Name: | |
| AEI Telephone No. | AEI No. | AEI Telephone No. | AEI No. |
| Comments: | | Comments: | |
| | | | |
| Sig. | Date: | Sig. | Date: |
| | SERVICE 9 | SE | ERVICE 10 |
| AEI Engineer Name: | | AEI Engineer Name: | |
| AEI Company Name: | | AEI Company Name: | |
| AEI Telephone No. | AEI No. | AEI Telephone No. | AEI No. |
| Comments: | | Comments: | |
| | | | |
| Sig. | Date: | Sig. | Date: |
| | Bator | | |







Mains Pressure Hot Water Storage System Service Record It is recommended that your Ecodan is serviced regularly and that the appropriate Service Interval Record is completed.

Service Provider

Before completing the appropriate Services Interval Record below, please ensure you have carried out the service as described in the manufacturer's instructions.

Always use the manufacturer's specified spare part when replacing components.

| | SERVICE 1 | S | ERVICE 2 |
|--------------------|-----------|--------------------|-----------|
| AEI Engineer Name: | | AEI Engineer Name: | |
| AEI Company Name: | | AEI Company Name: | |
| AEI Telephone No. | AEI No. | AEI Telephone No. | AEI No. |
| Comments: | | Comments: | |
| | | | |
| Sig. | Date: | Sig. | Date: |
| | SERVICE 3 | s | ERVICE 4 |
| AEI Engineer Name: | | AEI Engineer Name: | |
| AEI Company Name: | | AEI Company Name: | |
| AEI Telephone No. | AEI No. | AEI Telephone No. | AEI No. |
| Comments: | | Comments: | |
| | | | |
| Sig. | Date: | Sig. | Date: |
| | SERVICE 5 | s | ERVICE 6 |
| AEI Engineer Name: | | AEI Engineer Name: | |
| AEI Company Name: | | AEI Company Name: | |
| AEI Telephone No. | AEI No. | AEI Telephone No. | AEI No. |
| Comments: | | Comments: | |
| | | | |
| Sig. | Date: | Sig. | Date: |
| | SERVICE 7 | | ERVICE 8 |
| AEI Engineer Name: | SERVICE / | AEI Engineer Name: | ERVICE 8 |
| AEI Company Name: | | AEI Company Name: | |
| AEI Telephone No. | AEI No. | AEI Telephone No. | AEI No. |
| Comments: | | Comments: | |
| | | | |
| Sig. | Date: | Sig. | Date: |
| | SERVICE 9 | | ERVICE 10 |
| AEI Engineer Name: | | AEI Engineer Name: | |
| AEI Company Name: | | AEI Company Name: | |
| AEI Telephone No. | AEI No. | AEI Telephone No. | AEI No. |
| Comments: | | Comments: | |
| | | | |
| Sig. | Date: | Sig. | Date: |
| Uig. | Dale. | J Uig. | Date. |







Annual Service Tasks

| Ecodan Model N | | | | | | |
|-------------------|--|--|--|--|--|--|
| MECHANICAL TASKS | | | | | | |
| 1 | Inspect and clean evaporator fins. Repair damaged fins using a fin comb if required | | | | | |
| 2 | Check visually for signs of oil leaks which may indicate a refrigerant leak (check for leaks if necessary) | | | | | |
| 3 | Check integrity of refrigerant / water pipe work and lagging, repair lagging if required | | | | | |
| 4 | Check system operation | | | | | |
| 5 | Check the antifreeze and if necessary top up the concentration as per manufacturer's recommendations | | | | | |
| 6 | Check and clean the magnetic particle filter | | | | | |
| 7 | Check system pressure | | | | | |
| 8 | Release any air from the primary/heating systems | | | | | |
| CONTROLLER TASKS | | | | | | |
| 9 | Check for the correct operation and temperature setting of the thermostats | | | | | |
| 10 | Check the operation of the zone valves | | | | | |
| 11 | Check the operation and the timing of the immersion heater | | | | | |

On completion check that the whole system is working satisfactorily

- Mitsubishi Electric recommends that the frequency of maintenance visits to be a maximum of 12 months between inspections.
- Frequency of maintenance may increase dependent upon the equipment and local water conditions e.g. hard water, scale forming, water containing a high proportion of solids.
- Failure to maintain the system to the above minimum recommendations could result in the warranty becoming null and void.
- Please fill in the Service Record sheet to confirm the above tasks have been carried out on the Ecodan outdoor unit.







Commissioning Checklist Ecodan

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This Commissioning Checklist is to be completed in full by the AEI who commissioned the Ecodan and associated equipment as a means of demonstrating compliance with the appropriate Building Regulations and then handed to the customer to keep for future reference. For further information, please refer to Mitsubishi Electric training literature and installation manual. Failure to install and commission this equipment to the manufacturer's instructions may invalidate the warranty but does not affect statutory rights.

| Customer Name Tel No. | Address | | | | | | | | |
|--|------------------------------|------------|--------------------------|-------------------|-------------------------------|------------------|------------------------|-----------------|---------------------|
| Ecodan Model | | | | | | | | | |
| Ecodan No. | Commissioned By (print name) | | | | Commis | sioning Dat | e | | |
| AEI Company Name & Address | | | | | | | | | |
| AEI No. Tel No. | | Build | ding Regu l a | tions No | otification No. (if applicabl | e) | | | |
| CONTROLS - SYSTEM AND HEAT PUN | ЛР | | | | | т | ick the appropri | ate boxes if a | applicable |
| 1 Time & Temperature Control To Heating | | | Thermostat ammer/Time | | Programmable Room state | Wea Com | ther pensation | Optim Contro | um Start |
| 2 Time & Temperature Control To Hot Water | | | | | ogramme Timer | Combi | ined with heat | pump mair | o contro l s |
| 3 Heating Zone Valves (including underfloor loc | ops) | Fitted | | | Not Required | | | | |
| 4 Hot Water Zone Valves or 3 way-valve | | Fitted | | | Not Required | | | | |
| 5 Thermostatic Radiator Valves | | Fitted | | | | Not Required | | | |
| 6 Heat Pump Safety Interlock | | 📃 Built ir | 1 | | | Provided | | | |
| 7 Flow & Cylinder temperature sensors correct | ly positioned? | Yes | | | | No | | | |
| 8 Automatic Bypass System | | Fitted | Yes | No | | Not Re | | | |
| 9 Weather Compensation Settings (if applicable) | | | °C flow at | | °C outdoor & | °C flo | w at | °C outd | oor |
| 10 Control System | | | FTC2 | | FTC3 | FTC4 | F | FTC5 | |
| 11 Third Party Controls? | | Yes | No | | | | Manufac | turer Name | & Model |
| 12 Are the third party controls correctly interlock | ed? | Yes | | | | No | | | |
| ALL SYSTEMS | | | | | | | ick the appropria | ate boxes if a | applicable |
| 1 The heating system has been filled and press | | | | | | Yes | | | |
| 2 Expansion vessel for heating is sized, fitted & | - | | 's instructio | ns | | Yes | | | |
| 3 The heat pump is fitted on a solid/stable surf | | | | anda taraki | | Yes | | | |
| 4 The system has been flushed and cleaned in | accordance with BS7593 and | neat pump | manutactur | ers Instr | ructions | Yes | | | |
| 5 What system cleaner was used? | | | A | т | ype | | | | |
| 6 Outdoor fuse rating7 Cylinder coil surface area or Plate heat excha | indor | | M ² | | vilate heat exchanger 1 | itted | Not a | vailable hea | ting only |
| 8 What antifreeze was used | a igei | | IVI | | late fieat excitatiger i | itteu | Not a | valiable nea | ung only |
| 9 What is the concentration level? | | | % or down | to | °C | | | | |
| 10 Legionella protection | | | °C every | 10 | days | | | | |
| 11 Circulating pump(s) speed settings? | | | , | | | | | | |
| 12 Measured flowrate | | Domestic | hot water | | Litres/min | | Heating | | itres/min |
| 13 Measured steady state delta T (Flow and Ret | urn) | | °C | Flov | w Temperature | °C | - Return Tempe | rature | °C |
| OUTDOOR UNIT | | | | | | т | ick the appropria | ate boxes if a | applicable |
| 1) Is all external pipework insulated? | | Yes | | _ | | No | | | |
| 2 Is the fan free from obstacles and operationa | I? Adequate airflow? | Yes | | | | No | | | |
| 3 Has suitable consideration been made for co | | Yes | | | | No | | | |
| 4 Flow and return isolation valves fitted? | | Yes | | | | No | | | |
| 5 Anti-Vibration mounting pads fitted? | | Yes | | | | No | | | |
| HEATING MODE | | | | | | т | ick the appropri | ate boxes if a | applicable |
| 1 Heating Temperatures | | Heating F | low Temper | ature |) °C | Heating Re | eturn Tempera | ture | |
| 2 Emitter type | | underfloo | r heating | Yes | radiators Yes | towel rail | Yes | | |
| 3 Emitters balanced? | | Yes | | | | | | | |
| 4 Air removed from system? | | Yes | | | | | | | |
| DOMESTIC HOT WATER MODE Measure | and Record | | | | | т | ick the appropria | ate boxes if a | applicable |
| 1 Is the heat pump connected to a hot water c | ylinder? | Unver | nted 🔍 V | /ented | Not Connected | | | | |
| 2 Domestic hot water target temperature | | | °C | Dy l inder | heat up 🛛 🔪 n | ninutes | | | |
| 3 Hot water has been checked at all outlets | | Yes | | | | | | | |
| 4 Have Thermostatic blending valves been fitte | d? | Yes | | | | Not re | equired | | |
| ADDITIONAL SYSTEM INFORMATION | | | | | | т | ick the appropri | ate boxes if a | applicable |
| 1 Additional heat sources connected | | Gas E | Boiler 🕜 C | Dil Boiler | · Electric Heater | Solar | Thermal | | Other |
| 2 Remove & clean line strainer if present | | Yes | A () | 10 | Not Applicable | | | | |
| 3 The operation of the heat pump and system demonstrated to the end-user | controls have been | Yes | | 10 | Not Applicable | | | | |
| Commissioning Engineer's Signature | | | Customer's | s Signatu | UFE (to confirm demonstration | of equipment and | I receipt of appliance | instructions) | |





Commissioning Checklist Mains Pressure Hot Water Storage System

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This Commissioning Checklist is to be completed in full by the competent person who commissioned the storage system as a means of demonstrating compliance with the appropriate Building Regulations and then handed to the customer to keep for future reference. Failure to install and commission this equipment to the manufacturer's instructions may invalidate the warranty but does not affect statutory rights.

| Customer Name Tel No. | Address | | | | | |
|--|--------------------------------|---|--|------------------------------|--|--|
| Cylinder Make & Model | | | | | | |
| Cylinder Serial No. | | | | | | |
| Commissioned By (print name) Reg Operative ID No. | Company Address | | | | | |
| Customer Name | | | | | | |
| Commissioning Date | | | | | | |
| To be completed by the customer on receipt of a Buil | ding Pogulations Compliand | o Cortificato* | | | | |
| Building Regulations Notification No. (<i>if applicable</i>) | any negulations compliant | e Gertificate | | | | |
| ALL SYSTEMS PRIMARY SETTINGS (indirect hea | | | Tick the appropriat | e boxes if applicable | | |
| 1 Is the primary circuit a sealed or open vented system? | | aled | Open | e boxes il applicable | | |
| 2 What is the maximum primary flow temperature? | | °C | | | | |
| | | Ū | | | | |
| ALL SYSTEMS 1 What is the incoming static cold water pressure at the | inlet to the system? | bar | Tick the appropriat | e boxes if applicable | | |
| 2 Has a strainer been cleaned on installation debris (if fit | | | No | | | |
| 3 Is the installation in a hard water area (above 200ppm | , | | No | | | |
| 4 If Yes, has a water scale reducer or scale trap been fit | | | No | | | |
| 5 What type of scale reducer has been fitted? | | 5 | | | | |
| 6 What is the hot water thermostat set temperature? | | ℃ | | | | |
| 7 What is the maximum hot water flow rate at set therm | ostat temperature (measured | at high flow outlet)? | l/min | | | |
| 8 Time and temperature controls have been fitted in cor | | | Yes | | | |
| 9 Type of control system (if applicable) | | Plan S Plan | Other | | | |
| 10 Is the cylinder solar (or other renewable) compatible? | Ye | S | No | | | |
| 11 What is the hot water temperature at the nearest outle | it? | | °C | | | |
| 12 All appropriate pipes have been insulated up to 1 met | re or the point where they bec | ome concealed | Yes |) | | |
| UNVENTED SYSTEMS ONLY | | | Tick the appropriat | e boxes if applicable | | |
| 1 Where is the pressure reducing valve situated (if fitted) | ? | | | | | |
| 2 What is the pressure reducing valve setting? | | | bar | | | |
| 3 Has a combined temperature and pressure relief valve | and expansion valve been fit | ed and discharge tested? | Yes | No | | |
| 4 The tundish and discharge pipework have been conne | ected and terminated to Part (| G of the Building Regulations | Yes | | | |
| 5 Are all energy sources fitted with a cut out device? | | | Yes | No | | |
| 6 Has the expansion vessel or internal air space been cl | necked? | | Yes | No | | |
| THERMAL STORES ONLY | | | Tick the appropriat | e boxes if applicable | | |
| 1 What store temperature is achievable? | | °C | | | | |
| 2 What is the maximum hot water temperature? | | °C | | | | |
| ALL INSTALLATIONS | | | Tick the appropriat | a boxos if applicable | | |
| 1 The hot water system complies with the appropriate E | Building Regulations | | fick the appropriate | e boxes if applicable Yes | | |
| 2 The system has been installed and commissioned in a | | urer's instructions | | Yes | | |
| 3 The system controls have been demonstrated to and | | | | Yes | | |
| 4 The manufacturer's literature, including Benchmark Checklist and Service Record, has been explained and left with the customer Ves | | | | | | |
| | | | | | | |
| Commissioning Engineer's Signature | | Customer's Signature (to confirm satisfacto | ry demonstration and receipt of manufacturer's | literature) | | |

* All installations in England and Wales must be notified to Local Authority Building Control (LABC) either directly or through a Competent Persons Scheme. A Building Regulations Compliance Certificate will the be issued to the customer.



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