

# Commissioning report fans

## Installer / Installation constructor

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

Contact person: \_\_\_\_\_

Street: \_\_\_\_\_

Postal code / City: \_\_\_\_\_

Tel. no.: \_\_\_\_\_

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

**Equipment:**

**Equipment description:**

**Type:**

**Serial no.:**

## Operator / Location

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

Contact person: \_\_\_\_\_

Street: \_\_\_\_\_

Postal code / City: \_\_\_\_\_

Tel. no.: \_\_\_\_\_

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

Installing date: \_\_\_\_\_

Commissioning date: \_\_\_\_\_

## Documentation

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Installation, operation and maintenance instructions handed over | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> EC Declaration handed over                                       | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Air flow measuring report available                              | <input type="checkbox"/> yes | <input type="checkbox"/> no |

## Visual inspection

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Warning signs / Name plate present   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Housing damages  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Installation site according to the equipment specifications  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Suitable weatherproof for outdoor installation   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Electrical installation completed  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Installation performed according to installation instructions  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Transported medium characteristics according to the equipment specifications   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Filter status at commissioning   |                              |                             |
| <input type="checkbox"/> new <input type="checkbox"/> slightly dirty <input type="checkbox"/> replacement required <input type="checkbox"/> unavailable |                              |                             |

## Commissioning report fans

### Electrical connection

Voltage:

V

Frequency:

Hz

Number of phases:

phases

Fuse:

A

### Connection type

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Direct on the network                            | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> With protection circuit                          | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Frequency converter                              | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Voltage control 0...10V (EC motor)               | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Step transformer / voltage control               | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Device switch present / separator for all phases | <input type="checkbox"/> yes | <input type="checkbox"/> no |

### Instruction

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Device / system function explained and instructed | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Control unit explained and instructed             | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Filter replacement explained and instructed       | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Maintenance operations explained and instructed   | <input type="checkbox"/> yes | <input type="checkbox"/> no |

### Functioning control

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Fan impeller can be easily rotated by hand                 | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Fan impeller / motor has the correct direction of rotation | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> There are vibrations / grinding noises                     | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Equipment tested at nominal flow                           | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Operation via  |                              |                             |
| no control unit available   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3-step switch MTS I   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| potentiometer MTP I   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| electronic controller MTY I   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| electronic controller ETY I   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| external control unit   | <input type="checkbox"/> yes | <input type="checkbox"/> no |

## Commissioning report fans

Defects / Modifications / Features / Observations:

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Equipment commissioning successfully completed

yes  no

Equipment defects

- no defects  
 minor defects, repairs without recommissioning  
 serious defects, recommissioning required

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Date, Signature of the commissioning company

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Date, Signature of the system operator / client

**ruck Ventilatoren** reserves the right to operate changes and improvements on the content of this commissioning report without previous notice.

**ruck Ventilatoren GmbH**  
Max-Planck-Str. 5  
D-97944 Boxberg-Windischbuch

**Tel.**+49 (0)7930 9211-300  
**Fax.**+49 (0)7930 9211-166

info@ruck.eu  
www.ruck.eu