



WHAT ? : INSTALLATION / COMMISSIONING REPORT

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Brainstorming

Name of the Installer / Auditor :

Qualifications :

Product (Model and Manufacturer) :

Product Serial Number :

WHO ? :

BOSS :

OWNER / USER

COMPANY PHONE NUMBER :

WHEN ? :

DATE OF INTERVENTION / ELECTRICAL WORK :

STARTED : / FINISHED :

WHERE ? :

PLACE :

OBJECT / PRODUCT LOCATION :

WHICH ? :

TYPE OF BUSINESS

WHY ? :

OPERATION REQUIREMENTS

HOW ? :

OPERATION 1

OPERATION 2

TESTS

MEASUREMENTS

HOW LONG ? :

TIME NEEDED

RECOMMENDED IMPROVEMENTS