

# SITE SURVEY GUIDE CHECKLIST

**Site Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Access Times:** \_\_\_\_\_ **No Men required:** \_\_\_\_\_

Equipment			
Machine to be installed (type)	D/W <input type="checkbox"/>	G/W <input type="checkbox"/>	Ice M/c <input type="checkbox"/> Coffee M/c <input type="checkbox"/>
Space Available	HT:	W:	D:
Machine to be replaced (Make & Model)			
Machine Stand (Standard or high)	300mm:	600mm:	
Extra Baskets	No <input type="checkbox"/>	Yes <input type="checkbox"/>	How many:
Racking System	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Plate size (Plates over 11" require large M/c)			
Service Details			
Can all services be isolated?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Distance of Isolator from M/C	Water	Elec	Waste
Water Pressure (min 2bar/ 30psi)			
Is Boost pump required?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Hot water pipe work	15mm:	22mm:	28mm:
Cold water pipe work	15mm:	22mm:	28mm:
Is water softened	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Is Softener required?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Drainage			
Existing Drainage Material	Copper:	Plastic:	
Pipe work Size	35mm:	42mm:	54mm:
Existing Pipe Work position	Stand pipe:	Floor:	Wall:
Height above floor mm			
Is Drain Pump Required	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Electrical Supply			
Single Phase			
Three Phase			
Amps per Phase			
3rd Party Chemical dosing unit			
Supplier:	Type:		