

## SITE SURVEY FORM

Customer:	Customer Order Number or Sales Order or Job No or Project Title
Site Address:	Site Contact:
	TEL:
	Mobile:
	Email or Fax:

### Equipment details OR Quote REF

Model No	System Dimensions WxDxHmm	Nett Kgs

### SITE DETAILS Building Entrance – Check box as appropriate

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Loading Bay     | <input type="checkbox"/> Access 8.30-5.30     | <input type="checkbox"/> ID Required  | <input type="checkbox"/> Booking Required |
| <input type="checkbox"/> Kerbstone       | <input type="checkbox"/> Rough/Soft Ground    | <input type="checkbox"/> Slope  | <input type="checkbox"/> Steps            |
| <input type="checkbox"/> Public Area     | <input type="checkbox"/> Parking Restrictions | <input type="checkbox"/> Vehicle Size Restrictions<br>Hieght            m, Width            m, Wieght            kgs. |   |
| <input type="checkbox"/> Other (specify) |   |   |   |

### SITE DETAILS In the building – Check box as appropriate

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Ground level        | <input type="checkbox"/> Upper level              | <input type="checkbox"/> Basement                    | <input type="checkbox"/> Suspended floor       |
| <input type="checkbox"/> Slope/Ramp          | <input type="checkbox"/> Lift (Capacity?        ) | <input type="checkbox"/> Stairs (Flights and Width)  | <input type="checkbox"/> Steps                 |
| <input type="checkbox"/> Narrow doors >750mm | <input type="checkbox"/> Carpet                   | <input type="checkbox"/> Public Area                 | <input type="checkbox"/> Time restrictions     |
| <input type="checkbox"/> Ventilation OK      | <input type="checkbox"/> Space OK (Servicing)     | <input type="checkbox"/> No Overhead Pipes / AirCon. | <input type="checkbox"/> Suitable Mains Supply |
| <input type="checkbox"/> Other (specify)     |   |  |  |

### SITE DETAILS Location - Check box as appropriate

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Commissioning.  | <input type="checkbox"/> Battery Build required. | <input type="checkbox"/> Electrical Install required. | <input type="checkbox"/> Building works required.      |
| <input type="checkbox"/> UPS Removal     | <input type="checkbox"/> Battery Removal         | <input type="checkbox"/> Equipment relocation         | <input type="checkbox"/> Client works before Delivery. |
| <input type="checkbox"/> Other (specify) |  |   |  |

### SITE DETAILS Other Requirements – Check box as appropriate

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Bypass Switch             | <input type="checkbox"/> Parallel isolation Box WIB | <input type="checkbox"/> Isolation transformer    | <input type="checkbox"/> Harmonic Filter      |
| <input type="checkbox"/> Powershield -full version | <input type="checkbox"/> PowerNetgaurd              | <input type="checkbox"/> SNMP NETMAN              | <input type="checkbox"/> Multicom             |
| <input type="checkbox"/> Remote Indication LED     | <input type="checkbox"/> Remote Mimic LCD           | <input type="checkbox"/> Teleguard (DDI Required) | <input type="checkbox"/> VFC's for BMS        |
| <input type="checkbox"/> Method Statement          | <input type="checkbox"/> Risk Assessment            | <input type="checkbox"/> Method Statement (SS)    | <input type="checkbox"/> Risk Assessment (SS) |

### Attached Pages (        )

- |  |   |                                 |                                   |
|--|---|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Extra delivery Instructions | <input type="checkbox"/> Scope of Works | <input type="checkbox"/> Photos | <input type="checkbox"/> Drawings |
|--|---|---------------------------------|-----------------------------------|

Date of survey                      Completed by                      Date completed

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Special Delivery Instruction	Action by Dept

Scope of Works	Action by Dept

**Photos and Drawings**

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OHSFMS05-06

P 2 of 2