

Appliance Commissioning Report: Transcare System/s:

Transcare Std. Model Ref : 7200.00

**Transcare c/w options Ref :
7200.00C/7200.20/7200.20C/
7200.20A/7200.20AC**

TECHNICAL SPECIFICATIONS

- Weight: 140 kg
- Maximum patient weight: 150 kg
- Filling time @ 3 BAR: 3/4 min
- (Programmable fill time setting)

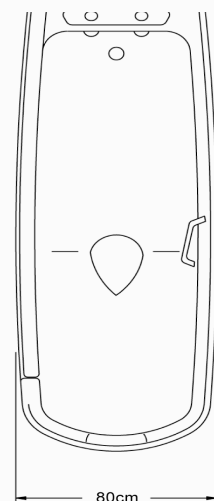
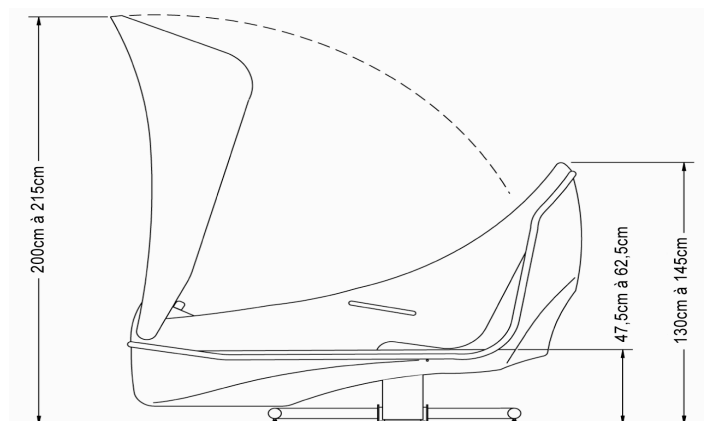
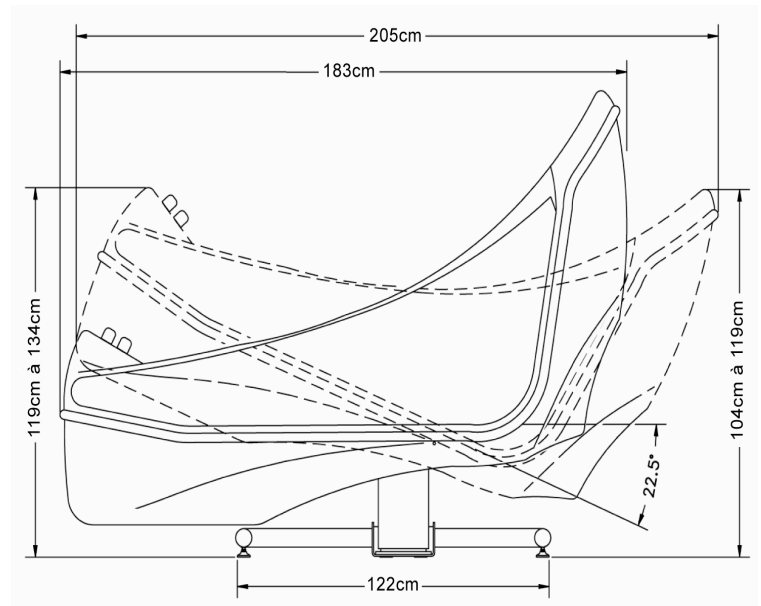
DIMENSIONS

Length (upright position)	183cm
Length (recline position)	205cm
Height adjustment	130cm to 145cm
Door height (open)	200cm to 215cm
Seat height adjustable	47.5cm to 62.5cm
Width	80cm
Width of base	122cm

- Reinforced fibreglass tub
- Adjustable height/tilt
- Integrated shower Via up-stand
- Auto fill & Auto stop protection
- Infra red Sense control panel
- TMV3 mixer valve
- Door lock

AIR WHIRLPOOL SYSTEM

- Pump 700w, heater 300w



INSTALLATION GUIDE

ELECTRICAL REQUIREMENTS

Electric supply 230v - 50Hz

An RCD (residual current device) rated at 30mAmp must be installed in-line between the consumer unit and a correctly IP rated fuse spur.

Low voltage (5v) surface mounted control panel

NB. Item 4 is a waterproof fuse spur. This is rated at 3 amps for standard appliance models or 10 amp for hydrotherapy model. The spur should be wall mounted at 300mm above floor level and a minimum of 600mm from the appliance (please check 17th edition regulations for updates to this dimension. The installation specification sheet details this dimension as 1100mm from the centre line of the appliance!

PLUMBING REQUIREMENTS

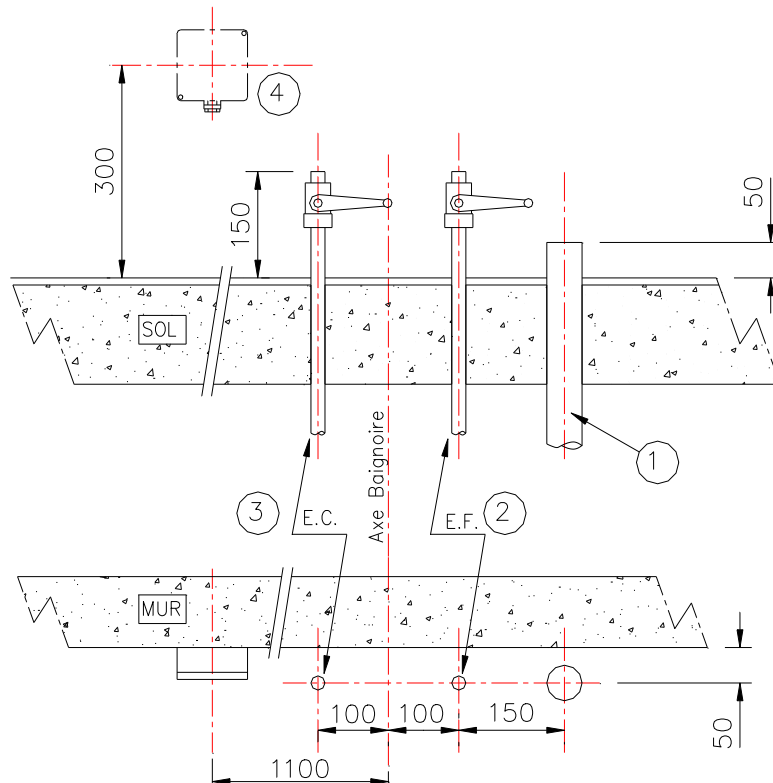
Hot and cold outlets (tails) from floor or wall must be 22mmØ off x service valves. The tail length should be 150mm (see diagram below)

Waste outlet 40mm Ø (minimum height of the tail must not be less than 50mm out of floor or of wall. NB. If off wall, please ensure the outlet pipe-work is lower the waste trap to ensure effective water run-off)

Water pressure requirements are minimum 3 BAR balanced pressure at hot and cold inlets to the appliance, for optimum performance.

Hot and cold supply pipe work should be installed and positioned 100mm from centre line of bath location.

This appliance is fitted with X2 22mmØ flexible hoses with push-fit connections which push onto the tails.



Commissioning Report:-

This is a very important document! All appliances must be fully tested and signed off as safe and fit for use before being formally handed over to the new owner. This document is designed to ensure every appliance is fully tested, inspected prior to use. Failure to complete/provide this report on request by Reval, MHRA, WRAS, Build Cert (TMV3 Scheme) will render the appliance unfit for use. In addition Reval reserves the right to revoke warranty, and accepts no responsibility in the event of an accident or damage of any nature if the appliance has not been correctly installed commissioned to this manufacturers standard!

- 1. Inspect appliance for physical damage tick box if no damage is found.
- 2. Is appliance positioned and located correctly and in accordance with a design drawing.
- 3. Check valve is on and in stand-by mode. (bath-fill and shower lights ON)
- 4. Check hot and cold water service valves are turned to the ON position.
- 5. Turn plug to the closed position and turn bath-fill water to ON position. Bath will begin filling.
- 6. Check the "Auto Fill" system isolates the water at the Maximum fill level (sticker side of bath)
- 7. Check door closure and locking system. Ensure the action is smooth and positive.
- 8. Test the tilt action and tilt the bath to the fully reclined position.
- 9. With the appliance in the tilt position raise it to its maximum high position to test the function.
- 10. Inspect the door seal for signs of water leakage. If there is no leakage tick box.
- 11. Having run the bath at the required pressure, and for a period sufficient to fill the bath to the Required level the bath water connections can now be tested for leakage. Ensure you check all External and internal plumbing connections! Tick the box if no leakage.
- 12. To test the water evacuation, level the bath and lower it to its lowest position.
- 13. Open the plug and observe the water evacuation. Check the waste trap, and flexible waste hose and fittings for leakage and total water evacuation.
- 14. Check if water is holding in the foot area of the bath.

Water controls:

NB. It is a legal requirement to record the bath fill and shower water temperatures. These may be called on by the local water authority during category 5 certification or MHRA inspections. Please ensure you note the bath fill and shower pour temperatures as requested below. Please also ensure your test equipment meets the requirements of Build Certs. TMV3 requirements. For details contact Build Cert directly or go to their web site where this information can be found.

Fill in details and tick box if in compliance

- 1. Bath fill temperatures: Max & Min temperature recorded at outlet point (max °c)(min °c)
- 2. Shower pour: Max & Min temperature recorded at outlet point (max °c)(min °c)
- 3. Bath, fill time test. Fill time to the maximum level Time taken (min's)

Important: Should water temperature exceed the TMV3 scheme legal requirements the appliance cannot be Commissioned for use! In this event please contact Reval for further advice.

Testing models with spa options:

- Check hydro message functions: On/Off +/- Intensity Alternating intensity
- Check colour spa function: On/Off Auto sequencing Manual Sequencing
- Aroma Therapy Function: Pipette Basket Pipette Vaporisation
- Product & hand-over training: Completed Not Completed

Based on all the above tests being successfully tested and checked, this appliance is safe to be signed as commissioned and safe for use.

Product & Handover training record:

Name	Role & Department/Ward

Name	Role & Department/Ward

Comments & Non – Compliance Statement

Issue	Description

Have all the tests and checks been made Yes No . If “No” has been ticked the product cannot be commissioned as fit for safe use! If “Yes” has been ticked you are confirming that this product has been successfully checked and tested to meet the manufacturers requirements for the functional performance and safe use of this products going forward.

Declaration: As the commissioning officer I confirm this appliance meets the performance criteria set out by the manufacturer herein and its user group are suitably trained in the safe and functional use of this appliance. I there for confirm that product serial number (.....) Appliance Model: (Transcare Sense) is safe, fully functional and commissioned for use.

On Behalf of the installer: Name..... Company..... Commissioned Date (/ /)

On Behalf of the Client: Name..... Comp/ Org..... Position.....
Date (/ /).