

Commercial Project Sign-off

for Vitocrossal 200, CM2 and Vitodens 200, B2HA 45 to 150

Date: _____

IMPORTANT This document is used to collect all the necessary information required to deliver your project. Equipment will be ordered based on these specifications. Product shipment will take place no sooner than 4 – 6 weeks after receipt of this document. To avoid delays complete this document in full. Please print clearly.

Project Name: _____ Project Representative: _____

E-mail: _____ Tel: _____

Cell: _____ Fax: _____

Site Address: _____

City: _____ Province: _____ Postal code: _____

Is the altitude below 5000 ft. (1500 m) ASL? Yes No

If the altitude is above 5000 ft. (1500 m) please indicate: _____ ft. m

Is the gas supply pressure between 4"-14" w.c. for NG Yes No or 10-14" w.c. for LPG? Yes No

Note: If the gas supply pressure is below minimum requirements (as shown above) at the jobsite, record minimum working gas pressure available _____"w.c.

If the gas supply pressure is above 14" w.c. at the jobsite, the owner must reduce the gas pressure to within tolerance.

Is this project common vented? Yes No

Note: a max. of 4 boilers can be connected to a single common venting system. For systems with more than 4 boilers multiple common venting systems maybe required.

If Yes, indicate boiler model? CM2 400 to 620 B2HA 45 to 150

Note: A vent damper is required for each CM2 400 to 620 boiler in a common vent system.

Gas type used: NG LPG

Boiler (specify model and size)

Boiler 1

Boiler 2

Boiler 3

Boiler 4

Boiler 5

Boiler 6

Boiler 7

Boiler 8

Is Building Management System (BMS) integration required? Yes No

If yes, specify: Gateway LON BACNet MOD BUS 0-10V Other _____

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Boiler Pumps

Pump	Model #	Voltage	Speed
#1			
#2			
#3			
#4			

Pump	Model #	Voltage	Speed
#5			
#6			
#7			
#8			

System Control Pumps

Pump	Function*	Model #	Voltage	Speed
#1				
#2				
#3				
#4				

Pump	Function*	Model #	Voltage	Speed
#5				
#6				
#7				
#8				

* Pump function examples: Domestic hot water, boiler supply, heating loop, air handling unit, heat exchanger, etc.

Specify system operating pressure: _____ psi

Additional notes: _____

Authorized Signature: _____ Date: _____

Print name: _____

Upon completion of this form please fax, scan/e-mail or copy/mail to:

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