

Tecl	nnical	l assistance:	

(name, address, telephone number)

PROOF BOOK

This proof book contains technical references and records of installation, maintenance, repairs and alterations carried out and must be made available for any inspections by authorised bodies.

SPECIFICATIONS OF THE MOTORISED DOOR/GATE AND INSTALLATION

Customer:
(Name, address and reference person)
Order number:
(Number and date of customer order)
Model and description:
(Type of door/gate)
Dimoneione and weight:
Dimensions and weight: (Size of transit space, dimensions and weight of the leaves)
Serial number: (Number for clear identification of the door/gate)
Location:
(Address of installation)
List of components installed The technical features and performances of the components listed below are documented in the relevant installation manuals and/or on the label on the component itself.
Motor/Drive unit:
(Model, type, serial number)
Electronic panel: (Model, type, serial number)
Photocells:
(Model, type, serial number)
Safety devices:
(Model, type, serial number)
Control devices:
(Model, type, serial number)
Radio devices:
(Model, type, serial number)
Flashing light:
(Model, type, serial number)
Other components:
(Model, type, serial number)
Warning of residual risks and of foreseeable improper use Inform with signs attached to the risk points of the product and/or with written instructions to be given and explained to the user of the door/gate, or whoever is responsible, about the existing risks and the foreseeable improper use.

PROOF BOOK

	Description of the work (Tick the box corresponding to the work carried out. Describe possible residual risks and/or foreseeable improper use)								
Installation	Start-up	Adjustments	Maintenance	Repairs	Alterations				
Date:		Technician's		Customer's					
		signature:		signature:					
Description of the work (Tick the box corresponding to the work carried out. Describe possible residual risks and/or foreseeable improper use)									
Installation	Start-up	Adjustments	Maintenance	Repairs	Alterations				
Date:		Technician's signature:		Customer's signature:					
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		Description	on of the work						
(Tick ti	ne box correspondi	ng to the work carried out. Des	scribe possible residual ri	sks and/or foreseeable	e improper use)				
Installation	Start-up	Adjustments	Maintenance	Repairs	Alterations				
Date:		Technician's		Customer's					
Date:		Technician's signature:		Customer's signature:					
Date:		signature:							
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