



Electrofusion Installation checklist and evaluation form

A Copy of this completed form MUST accompany the fitting if to be sent back for evaluation

Permanent Field Installations should be done only by operators who have been properly trained and certified as qualified EF installers. Should you have any questions or need any installation training, contact Sebastien Laplante at 1-888-466-6658 Monday to Friday 8am to 5pm central time or email Sebastien.laplante@wolseleyinc.ca

Job: _____

Location: _____

Date: ____/____/____ Application: _____

Processor MFG: _____ Processor S/N# _____ Fusion ID# _____

Fitting MFG: _____ Type/Size/DR: _____ Lot# _____

Pipe MFG: _____ Type/Size/DR: _____ Lot# _____

Actual Pipe Diameter: (Side1) _____ Actual Pipe Diameter: (Side2) _____

Out-of-round measurements: Right High: _____ Low: _____

Left High: _____ Low: _____

Was Re-rounding clamp used? Right: Yes _____ No _____ Left: Yes _____ No _____

Out-of-round measurements after clamping: Right High: _____ Low: _____

Left High: _____ Low: _____

Was alignment tool used? Yes _____ No _____

Type of scraping tool used: _____

Type of cleaning agent used: _____

Type of Generator used: _____ Watt: _____ Voltage/Amperage: _____

Were extension cords used? Yes _____ (Length _____ awg _____) No _____

Temperature at the time of Installation: _____

Total fusion time: Right side _____ Left side _____

Error code and description: _____

Electronic Data record: Yes _____ (please provide with checklist) No _____

Photographs: Yes _____ (please provide with checklist) No _____

NOTES: _____
