

# Smart Price Warehouse - Shower Completion Certificate

This form must be completed by the plumber/installer and electrician (where applicable) in order to validate the Warranty. In the event of a request for Parts under the terms of the Warranty, this form will need to be presented. You may post the completed form to us at the address below.

These showers are NOT designed for DIY installations - you are required to have the shower unit fitted by a professional plumber or bathroom fitter and any electrical work carried out by a Part P certified electrician. Failure to ensure the unit is not fitted by a qualified person, may invalidate the Warranty.

**PLEASE ENSURE THIS CERTIFICATE IS COMPLETED AND RETAINED FOR FUTURE USE**

## CUSTOMER DETAILS

Title: (Mr, Mrs, etc) \_\_\_\_\_ County: \_\_\_\_\_  
Name: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact Tel: \_\_\_\_\_  
Town/City: \_\_\_\_\_ Invoice No: \_\_\_\_\_

## SHOWER UNIT DETAILS

Model Number: \_\_\_\_\_ Purchase Date (from invoice): \_\_\_\_\_  
*(Displayed on manual/instructions and on the Invoice)*  
Control Panel Model No: \_\_\_\_\_ Date of Commissioning: \_\_\_\_\_  
*(Displayed on Control Panel. If Blue backlit Touch Screen Model put 'TS')*

## DETAILS OF INSTALLATION

Water supply Type:  Combi  Megaflow or Pressurised  Pumped  
Cold Water Pressure (BAR or LPM): \_\_\_\_\_ Hot Water Pressure (BAR or LPM): \_\_\_\_\_  
Pressure Reducing valve fitted:  YES  NO Type (Value) of PRV fitted: \_\_\_\_\_  
Details of Pressure Testing/ Flow Rate Equipment used: \_\_\_\_\_

## PLUMBING INSTALLATION

*(To be completed by your plumbing professional)*

Installer Name: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Contact Tel: \_\_\_\_\_  
Address: \_\_\_\_\_ Company Credentials/Certificates Held: \_\_\_\_\_  
Town/City: \_\_\_\_\_ Signed: \_\_\_\_\_  
County: \_\_\_\_\_ Date: \_\_\_\_\_

## ELECTRICAL INSTALLATION

*(To be completed by your electrical professional)*

Electrical Termination Carried out by: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Contact Tel: \_\_\_\_\_  
Address: \_\_\_\_\_ Part P Registration No: \_\_\_\_\_  
Town/City: \_\_\_\_\_ Signed: \_\_\_\_\_  
County: \_\_\_\_\_ Date: \_\_\_\_\_



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