

XVENT Product Claim Form

Product type indicated on the nameplate:

Product Serial Number:

Date of commissioning:

Location/Address where the facility is operated

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Purchase invoice number.....

Invoice Issue Date.....

The company that installed and commissioned the equipment

Name of the company/person servicing the equipment

Date of last service inspection by a certified person:

Installation type

- Family house Production hall / industrial building
- Apartment building Office / Public Building
- Other:

Before filing a complaint, the following was checked:

1. Airflow and piping system

- Air intake and exhaust vents are completely permeable
- There is no visible blockage in the pipes (construction dirt, insulation, covers)
- The piping system is installed according to the project documentation
- Excessive bends or sharp transitions causing significant pressure drops are not present
- Outdoor grilles/end caps are clean and obstructed

Číslo dokumentu:	R-901-0078	Vypracoval:	Černík	Stránka 1 z 3
Platnost od:	14.04.2026	Schválil:	Teichmann	

2. Filters

- Filters are installed correctly
- Filters are clean (not clogged or dirty)
- The correct type of filters is applied

3. Installing the Unit

- The unit is installed in the correct position
- The unit is firmly fixed
- The unit is not subjected to abnormal external vibrations

4. Condensate and humidity conditions

- The condensate drain is properly connected and functional
- There is no standing water inside the unit
- A condensate drain siphon is installed
- The unit is not exposed to excessive or uncontrolled humidity/salinity

5. Electrical connection and control

- Proper power supply (voltage/frequency) connected
- The protective conductor (ground) is properly connected

6. Operating conditions

- The unit operates within the expected airflow range
- There are no abnormal pressure conditions in the system
- Fans run smoothly without excessive vibration
- No unusual noise is detected during operation

7. Transport and handling control

- No mechanical damage is visible on the unit
- The unit has not been subjected to impact during transportation or installation

8. Final functional check

- The direction of the airflow is correct (inlet / exhaust)
- The system responds correctly to control settings

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The overall operation is stable

9. Other notes and photos

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Filled in – name and surname:

Position:

Company:

Date:

Caption:

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