

ecovend

HYGIENE MONITORING SYSTEM

Pre-Installation Check List

Company Name:

Site Address:

Management

Name & Contact No:

Mains Supply (240volt)

Distance from selected position _____

Water Supply

Typical washing machine fitting _____

Distance from fitting _____

Check for a water isolation valve

Cell Phone Signal

Good

Bad

Please Tick

Cleaning Chemicals

(name of chemical)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

0004 EcoVend

Spray bottle Refill

dilution

chemical water

Mop Bucket

dilution

chemical water

0008 EcoVend

Spray bottle Refill

dilution

chemical water

Mop Bucket

dilution

chemical water

