

fidbox Serial Number:		fidbox Installation date:	
(After completion, E-Mail a copy to the Fidbox supplier, builder, architect and inhabitant for future reference)			

PROJECT/CUSTOMER INFORMATION

Project ref:			
Customer name:			
Project address:			
Room Ref./Name:			
Type of project	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	<input type="checkbox"/> New building <input type="checkbox"/> Renovation

FLOOR CONSTRUCTION DETAILS

Location in building:	<input type="checkbox"/> Basement	<input type="checkbox"/> Ground floor	<input type="checkbox"/> 1 st floor	<input type="checkbox"/> Other:
Sub-floor construction:	<input type="checkbox"/> Plywood	<input type="checkbox"/> Screed	<input type="checkbox"/> Chipboard	<input type="checkbox"/> Other:
Moisture barrier:	<input type="checkbox"/> yes	<input type="checkbox"/> no		
Installation method:	<input type="checkbox"/> Adhesion	<input type="checkbox"/> Loose lay		
Underfloor heating:	<input type="checkbox"/> electric	<input type="checkbox"/> Water		
Cooling system:	<input type="checkbox"/> A/C			<input type="checkbox"/> Other:
Product type:	<input type="checkbox"/> Solid T&G	<input type="checkbox"/> Engineered	<input type="checkbox"/> 6-10mm	<input type="checkbox"/> Other:
Supplier name:				
Product name:			Wood Specie:	
Manufacturer:			Product Classification:	
Panel dimensions:	Width	Length	Thickness	Wear lay thickness

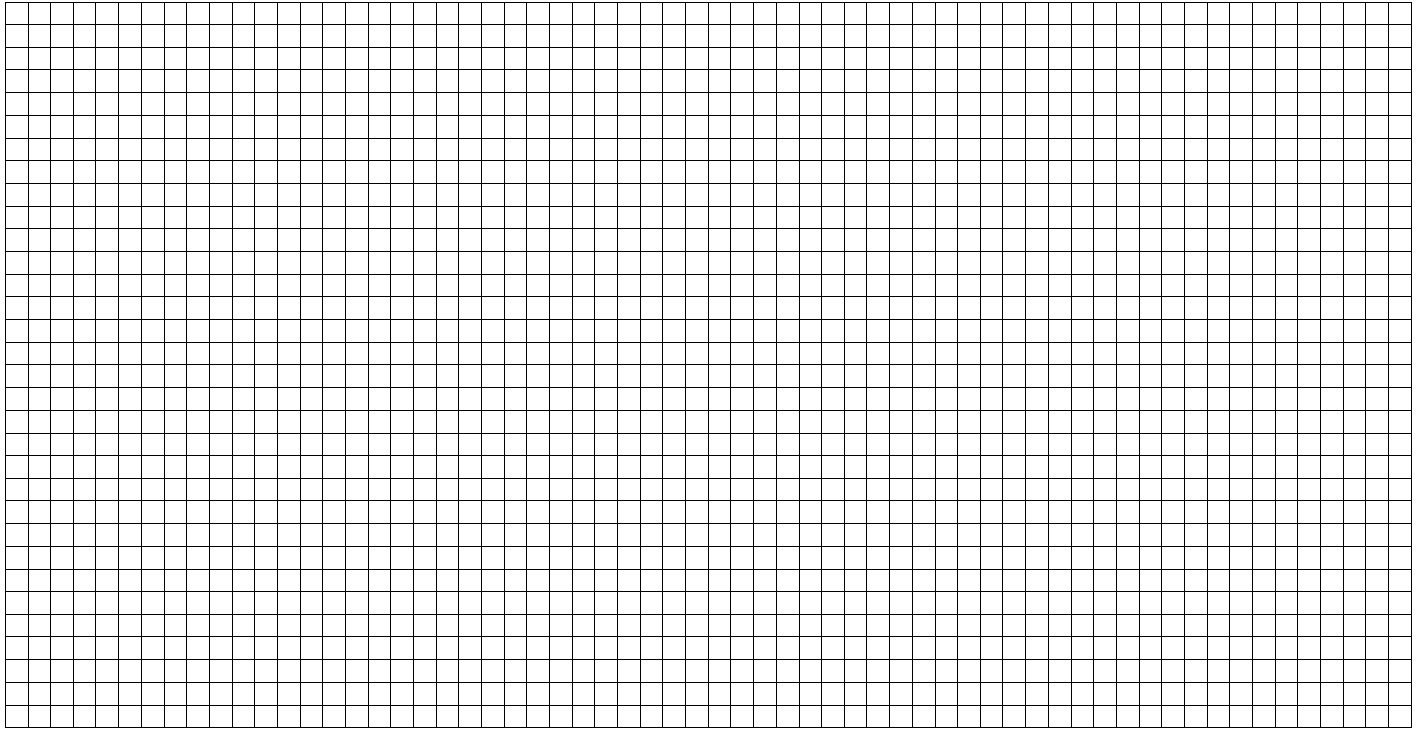
INSTALLER DETAILS

Installers name:			
Address:			
Contact person:			E-Mail Address:
Telephone:			Mobile:



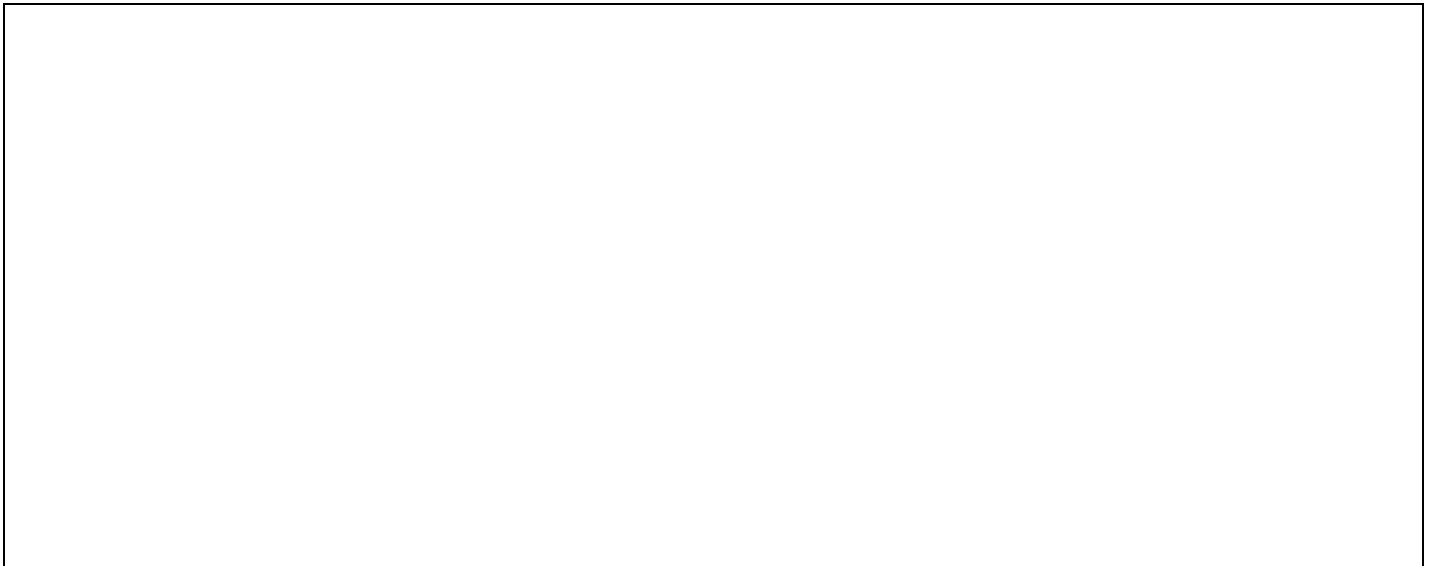
LOCATION OF FIDBOX

Room sketch with measurements – location of fidbox with measurements



** The fidbox should be installed in the centre of room- *Do not install under rugs or furniture*

REMARKS



Name/Signature: _____ Date: _____

