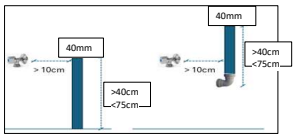
INSTALATION CHECK LIST ZITRUX COMPACT

DATE:			
MODEL NAME:		SERIAL NUMBER:	
FW. VERSION:			
CUSTOMER NAME:			
ADDRESS:	ZIP CODE:	CITY:	
PHONE NUMBER:			
CONTACT PERSON:			

REMEMBER TO TAKE PHOTOS OF THE MACHINE AND ITS SERIAL NUMBER STICKER ONCE INSTALLED

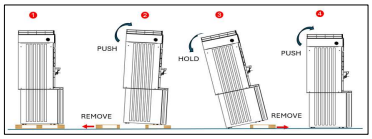
SITE

			Remarks
WATER LINE (Tap 3/4" Male outlet)	☐ OK	☐ NO	
POWER LINE (Dedicated power circuit: Min 3,5kw - 16A)	☐ OK	☐ NO	
DRAIN LINE ACCORDING TO REQUIREMENTS	☐ OK	☐ NO	



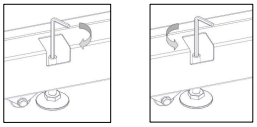
UNPACKING

MACHINE UNPACKED AS INDICATED	☐ OK	☐ NO	
LOWER THE MACHINE FROM PALLET AS INDICATED	☐ OK	☐ NO	

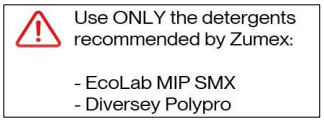


INSTALLATION

POSITION THE MACHINE ACCORDING TO MANUAL	☐ OK	☐ NO	
MACHINE LEVELING	☐ OK	☐ NO	



CONNECT THE MACHINE TO WATER LINE	☐ OK	☐ NO	
CONNECT THE MACHINE DRAIN TO DRAIN LINE	☐ OK	☐ NO	
CONNECT THE MACHINE TO POWER LINE	☐ OK	☐ NO	
INSTALL THE DETERGENT TANK AS SPECIFICATIONS	☐ OK	☐ NO	



SHOW AND PERFORM A RINSING	☐ OK	☐ NO	



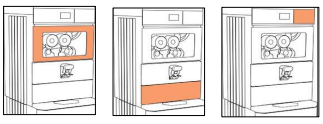
CHECK WHETHER THERE ARE WATER LEAKAGES DURING RINSING	☐ OK	☐ NO	
HIDE THE RINSING	☐ OK	☐ NO	
PERFORM THE JUICE CALIBRATION	☐ OK	☐ NO	

TRAINING TO OPERATORS

EXPLAIN HOW SET THE WASTE LIMIT AND RESET	☐ OK	☐ NO	



EXPLAIN HOW TO REPLACE THE DETERGENT TANK	☐ OK	☐ NO	
EXPLAIN HOW TO DIS-ASSEMBLY MAIN PARTS TO BE CLEANED	☐ OK	☐ NO	
EXPLAIN HOW THE TAP WORKS (Juice Level)	☐ OK	☐ NO	
EXPLAIN THE SECURITY ALARMS	☐ OK	☐ NO	



EXPLAINING THE DAILY CLEANING ☐ OK ☐ NO



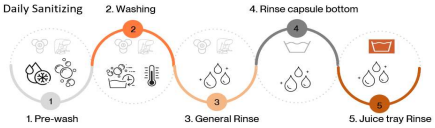
EXPLAINING THE WEEKLY RECOMMENDED CLEANING ☐ OK ☐ NO



EXPLAINING THE MONTHLY RECOMMENDED CLEANING ☐ OK ☐ NO



EXPLAINING THE CLEANING METHOD ☐ OK ☐ NO



(IF POSSIBLE) SQUEEZE ORANGES ☐ OK ☐ NO

PERFORM A FULL SANITATION (1H 15') ☐ OK ☐ NO

FINAL RESULT

WAS THE INSTALLATION PERFORMED SUCCESFULLY? ☐ OK ☐ NO

TO BE FILLED IN BY CUSTOMERS:

ARE YOU SATISFIED WITH THE WORK CARRIED OUT? ☐ YES ☐ NO

COMMENTS

DATE

TECHNICIAN SIGNATURE

CUSTOMER'S SIGNATURE AND STAMP