

Liner Installation Report										
<b>Project data</b>										
Rehabilitation vehicle:				Date				Site number		
Building project:										
Street / address				Post Code				Place		
Customer:										
Rehabilitation number:										
Profile shape:				From point				to point		
				DN (mm):				Liner		
								Target wall		
<b>Preparation</b>										
Traffic safety:	yes	no	Pre-driving:	yes	no					
Occupational safety:	yes	no	Surface preparation	yes	no					
Duct cleaned:	yes	no	Post-cleaning:	yes	no					
Diameter checked:	yes	no	Waste water free before	yes	no					
<b>Installation condition</b>										
Groundwater available?	yes	no								
Preliner inverted?	yes	no	Calibration hose used?	yes	no					
<b>Inversion process</b>										
<u>Water column</u>										
Scaffold height + shaft		Meter								
Water pressure		bar / PSI	Target pressure			min	max			
			Inversion pressure					bar / PSI		
			Curing pressure					bar / PSI		
<u>Inversion drum</u>										
Inversion pressure			bar / PSI							
Curing pressure			bar / PSI							
Inversion with gradient			closed end							
Inversion against gradient			open end							
<b>Curing process</b>										
Hot water			Quantity of water required for artificial ageing					m <sup>3</sup>		
Steam										
Ambient										
cooling sown in		clock until		Clock	Control name					
Cooling sown from		clock until		Clock	Control name					
Sampling from shaft _____										
Removal position	Wall cut-out			Support tube						
<b>Documentation</b>										
Reworking	yes	no	Leakage test	yes	no					
CCTV Approval	yes	no	Rehabilitation goal achieved	yes	no					
<b>Remarks</b>										
Date					Signature					