



## **Ground/Water to Water Heat Pump Annual Service Checklist**

It is a requirement that the heat pump be serviced to the manufacturers' instructions. The system shall be serviced in line with the manufacturers' recommendations annually and must be carried out by a competent person. The details should be recorded in a service record.

Failure to comply with the manufacturers' servicing instructions and requirements could invalidate the warranty. This does not affect the customer's statutory rights.

*Note to reader:*

*This checklist is designed to be a resource for situations where manufacturer-specific guidance on maintenance checks is not available. While not intended to replace manufacturer guidelines, it is a useful reference point for reviewing the effective operation and longevity of air to water and ground source heat pumps. By outlining fundamental service practices, the aim is to enhance consistency and reliability across the sector.*

| Basic Information                                                                                                                                                 |                              |               |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------|-----------------------------|
| Company Name                                                                                                                                                      |                              |               |                             |
| Company Address                                                                                                                                                   |                              |               |                             |
| Service Engineer (Name)                                                                                                                                           |                              |               |                             |
| Contact Number                                                                                                                                                    |                              |               |                             |
| Installation Address                                                                                                                                              |                              |               |                             |
| Model and Serial No.                                                                                                                                              |                              | Service Date: |                             |
| Heat Pump Unit                                                                                                                                                    |                              |               |                             |
| Check visual condition of the heat pump, confirm no damage and check panels for vibration (tighten where required)                                                | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| Check minimum installation/operating clearances are maintained                                                                                                    | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| Visual inspection for refrigerant or oil leaks, confirm none present                                                                                              | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| Check electrical connection grommets and cable are secure and no damage present                                                                                   | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| Check manufacturers guidelines to ensure any refrigerant risks being observed e.g. safe zones or leak detection                                                   | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| Ground or Water Source Hydraulics                                                                                                                                 |                              |               |                             |
| Check and clean any filters including those which are magnetic                                                                                                    | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| Check fluid freeze protection using a refractometer and confirm they meet manufacturers requirements                                                              | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| Check circuit pressure and charge vessel if required                                                                                                              | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| Check operating circuit temperature is correct                                                                                                                    | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| If possible, check circuit flow rate and/or DeltaT meets minimum requirements                                                                                     | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| Heating Circuit Hydraulics                                                                                                                                        |                              |               |                             |
| Check any pipe insulation is in good condition                                                                                                                    | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| If present, check flexible pipes in good condition                                                                                                                | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| Check air bleed valves are operating correctly                                                                                                                    | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| Check primary heating circuit antifreeze levels or devices operating correctly                                                                                    | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| Check and clean any filters including magnetic                                                                                                                    | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| Visual check primary circuit PRVs and termination of discharge correct                                                                                            | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| Check primary system pressure and charge vessel if required                                                                                                       | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| If possible, check primary system flow rate and/or DeltaT meets minimum requirements                                                                              | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| Domestic hot water cylinder                                                                                                                                       |                              |               |                             |
| Validate building regulation cylinder checks completed                                                                                                            | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| Check if pasteurisation purge cycle required and if so checks completed                                                                                           | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| Controller Information                                                                                                                                            |                              |               |                             |
| Check time and date set correctly                                                                                                                                 | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| Check any fault codes or logs and advise                                                                                                                          | <input type="checkbox"/> Yes | *             | <input type="checkbox"/> No |
| Declaration                                                                                                                                                       |                              |               |                             |
| Installer Signature:                                                                                                                                              |                              | Print Name:   |                             |
| <i>I confirm the installation has been serviced in accordance with the above checklist and all necessary documentation has been handed to the customer/owner.</i> |                              |               |                             |
| <b>Note:</b> If answered No to any of the * highlighted questions, please add the reasons in the Additional Notes                                                 |                              |               |                             |
| Additional Notes                                                                                                                                                  |                              |               |                             |
|                                                                                                                                                                   |                              |               |                             |

SERVICE RECORD

It is recommended that your heating system is regularly serviced and maintained, in line with manufacturers' instructions, and that the appropriate service record is completed.

| Service 1:       |  |      |  |
|------------------|--|------|--|
| Engineer Name    |  |      |  |
| Engineer Company |  |      |  |
| Contact no.      |  |      |  |
| Comments:        |  |      |  |
|                  |  |      |  |
| Signed           |  | Date |  |

| Service 3:       |  |      |  |
|------------------|--|------|--|
| Engineer Name    |  |      |  |
| Engineer Company |  |      |  |
| Contact no.      |  |      |  |
| Comments:        |  |      |  |
|                  |  |      |  |
| Signed           |  | Date |  |

| Service 5:       |  |      |  |
|------------------|--|------|--|
| Engineer Name    |  |      |  |
| Engineer Company |  |      |  |
| Contact no.      |  |      |  |
| Comments:        |  |      |  |
|                  |  |      |  |
| Signed           |  | Date |  |

| Service 7:       |  |      |  |
|------------------|--|------|--|
| Engineer Name    |  |      |  |
| Engineer Company |  |      |  |
| Contact no.      |  |      |  |
| Comments:        |  |      |  |
|                  |  |      |  |
| Signed           |  | Date |  |

| Service 9:       |  |      |  |
|------------------|--|------|--|
| Engineer Name    |  |      |  |
| Engineer Company |  |      |  |
| Contact no.      |  |      |  |
| Comments:        |  |      |  |
|                  |  |      |  |
| Signed           |  | Date |  |

| Service 2:       |  |      |  |
|------------------|--|------|--|
| Engineer Name    |  |      |  |
| Engineer Company |  |      |  |
| Contact no.      |  |      |  |
| Comments:        |  |      |  |
|                  |  |      |  |
| Signed           |  | Date |  |

| Service 4:       |  |      |  |
|------------------|--|------|--|
| Engineer Name    |  |      |  |
| Engineer Company |  |      |  |
| Contact no.      |  |      |  |
| Comments:        |  |      |  |
|                  |  |      |  |
| Signed           |  | Date |  |

| Service 6:       |  |      |  |
|------------------|--|------|--|
| Engineer Name    |  |      |  |
| Engineer Company |  |      |  |
| Contact no.      |  |      |  |
| Comments:        |  |      |  |
|                  |  |      |  |
| Signed           |  | Date |  |

| Service 8:       |  |      |  |
|------------------|--|------|--|
| Engineer Name    |  |      |  |
| Engineer Company |  |      |  |
| Contact no.      |  |      |  |
| Comments:        |  |      |  |
|                  |  |      |  |
| Signed           |  | Date |  |

| Service 10:      |  |      |  |
|------------------|--|------|--|
| Engineer Name    |  |      |  |
| Engineer Company |  |      |  |
| Contact no.      |  |      |  |
| Comments:        |  |      |  |
|                  |  |      |  |
| Signed           |  | Date |  |