

Sno*Melter® Systems

INSTALLATION TEST RECORD FORM

This form is provided to record data obtained from the various proof tests recommended to be performed on each Sno*Melter system (Reverse). Please retain this form for your records.

Owner/Job Name _____ Month/Year Installed ____ / ____

Street Address _____

City/State _____

Installer/Elec. Contractor _____

City/State _____

Type of Installation Residential Commercial Institutional Industrial Other _____

Target Area(s) Walkway Drive Porch Steps Other _____

Pavement Concrete Asphalt Other _____

Quantity of mats 1 2-5 6-10 11-15 16 or more

Supply Voltage 120 208 240 277 347 480 600

Was ground-fault protection installed? Yes No

How is system controlled? Automatic Thermostat Manual ON/OFF Manual ON/Timer OFF

How did you become aware of Sno*Melter? Magazine Internet Friend/Neighbor
 Contractor/Builder Architect/Engineer
 Other _____

