STREAM PRO | PROJECT TECHNICAL SUBMITTAL

Restoration-duty systems

A structured approval record for the selected model, evidence pack and project controls.

SUBMITTAL REFERENCE	**OPS-REST-TS /** _____
PROJECT	_____
CLIENT / CONTRACTOR	_____
SITE / APPLICATION	_____
PREPARED BY / DATE	_____
REVISION	**P01 - selection-stage template**

1. Proposed product family

Equipment selected for documented smoke, fire, flood and persistent odour remediation workflows.

- Fire and smoke remediation
- Flood restoration
- Contents and room treatment

2. Selection basis

- Source-removal work completed
- Material sensitivity
- Monitoring and re-entry method

3. Proposed package scope

- Selected restoration-duty generator
- Approved model documentation
- Treatment planning checklist
- Specified controls or monitoring where quoted

MODEL SCHEDULE

4. Equipment data for approval

Complete this schedule only from approved manufacturer documentation. Do not estimate missing specifications.

MANUFACTURER	**To be confirmed**
MODEL / PRODUCT CODE	**To be confirmed**
QUANTITY	**To be confirmed**
OZONE OUTPUT AND CONTROL RANGE	**To be confirmed from approved datasheet**
AIRFLOW	**To be confirmed from approved datasheet**
ELECTRICAL SUPPLY / INPUT POWER	**To be confirmed from approved datasheet**
DIMENSIONS / MASS	**To be confirmed from approved datasheet**
TIMER / REMOTE CONTROLS	**To be confirmed for selected configuration**
MONITORING / ALARM INTERFACE	**To be confirmed for selected configuration**
NOISE / ENVIRONMENTAL LIMITS	**To be confirmed where applicable**
WARRANTY / HIRE SUPPORT	**To be confirmed in quotation**

5. Evidence attachments

- Approved manufacturer datasheet
- Operating and safety instructions
- Applicable declaration or certificate
- Maintenance or calibration information where relevant
- Project equipment and accessory schedule

CONTROL AND APPROVAL

6. Project-specific controls

TREATMENT VOLUME / LAYOUT	To be recorded in the project method
SOURCE REMOVAL / CLEANING	Required work and completion status to be recorded
ISOLATION AND ACCESS CONTROL	Responsible party and method to be recorded
ADJACENT-SPACE LEAKAGE	Assessment and controls to be recorded
OPERATOR COMPETENCE	Authorised operator and briefing to be recorded
VENTILATION METHOD	Method and duration criteria to be recorded
MONITORING AND RE-ENTRY	Instrument, threshold and responsible person to be recorded
COSHH / RISK ASSESSMENT	Reference and approval status to be recorded

7. Minimum controlled-use principles

- Treatment-area isolation planning
- Operator warning controls
- Post-treatment ventilation guidance
- Follow the selected model instructions and current HSE guidance
- Keep the work area unoccupied where the procedure requires
- Document ventilation, verification and hand-back

APPROVAL STATUS	This is an uncompleted selection-stage template. It must not be marked approved until the model schedule, evidence attachments, project controls and responsible reviewers are complete.

8. Review record

PREPARED BY	_____
TECHNICAL REVIEW	_____
CLIENT / CONTRACTOR REVIEW	_____
STATUS / DATE	_____