

STREAM PRO | PROJECT TECHNICAL SUBMITTAL

Vehicle treatment systems

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

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

1. Proposed product family

Portable systems selected for controlled use in cars, vans, fleets and transport interiors.

- Vehicle detailers
- Fleet operators
- Rental and transport teams

2. Selection basis

- Vehicle type and cabin volume
- Interior material condition
- Source-removal and ventilation plan

3. Proposed package scope

- Selected portable vehicle-treatment generator
- Approved model documentation
- Vehicle treatment checklist
- Specified timer, hose or monitoring accessories

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

- Unoccupied treatment procedure
- Controlled timing
- Ventilation and re-entry checks
- 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	_____