	Heat Pump KEYMARK	
Annex F Report of modification to certified sub-type according to the HP-KEYMARK scheme		Rev.-No.: 2 Date: 19/03/2019 Page: 1 of 3

Date	Description of modification	Revision number
14/12/2015	Initial version	1
19/03/2019	Clarification	2

This template might be used to communicate to certification body any changes that occurred in a certified sub-type.

Certificate holder details	
Company name	
Contact person	
Address	
Type designation of heat pump	
Reg. No.	
Test report No.	
Name of testing laboratory	



Heat Pump KEYMARK

Annex F

Report of modification to certified sub-type according to the HP-KEYMARK scheme

Rev.-No.: 2

Date: 19/03/2019

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Sub-type


Description

Before the modification	After the modification

Only Report of the change: yes Test required: yes no

Relevant documents (please attach)

Description of the product including the details of intended use	
Revision number of the sub-type models	
Key component list	
Installation, use and maintenance instructions	

	Heat Pump KEYMARK	
Annex F Report of modification to certified sub-type according to the HP-KEYMARK scheme		Rev.-No.: 2 Date: 19/03/2019 Page: 3 of 3

Recommendations of Testing Laboratory for retesting	
Name of Testing Laboratory	

Basis of recommendation			
Effects on the thermal performance	<input type="checkbox"/> none	<input type="checkbox"/> minor	<input type="checkbox"/> major; performance test required
Effects on the usability	<input type="checkbox"/> none	<input type="checkbox"/> minor	<input type="checkbox"/> major; re-tests required
Effects on the acoustic	<input type="checkbox"/> none	<input type="checkbox"/> minor	<input type="checkbox"/> major; re-tests required

Recommendation for retesting: ((see table in the HP- KEYMARK requirements))			
<input type="checkbox"/> Performance data (EN 14511-3, EN 14825, EN 16147)	<input type="checkbox"/> Operating range (EN 14511-4)		
<input type="checkbox"/> Sound power (EN 12102-1)	<input type="checkbox"/> Shutting off heat transfer medium (EN 14511-4)		
<input type="checkbox"/> Other:	<input type="checkbox"/> Complete power supply failure (EN 14511-4)		
<input type="checkbox"/> Other:			
Remarks / additional actions			
Date		Name of the contact person of the testing laboratory	

Decision of Certification Body	
Name of Certification Body	

Decision:			
<input type="checkbox"/> Performance data (EN 14511-3, EN 14825)	<input type="checkbox"/> Operating range (EN 14511-4)		
<input type="checkbox"/> Sound power (EN 12102-1)	<input type="checkbox"/> Shutting off heat transfer medium (EN 14511-4)		
<input type="checkbox"/> Other:	<input type="checkbox"/> Complete power supply failure (EN 14511-4)		
<input type="checkbox"/> Other:			
Remarks / additional actions			

The changes described are part of the certification (s)	<input type="checkbox"/> yes	<input type="checkbox"/> no
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Date		Signature	
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