



START UP CHECKLIST Water Source Units

Job Location _____

Date of Startup _____

Model No. _____ HP _____

JOB NOTES:

Serial No. _____

- All wiring connections are tight.
- Unit mounting is level.
- Trap is installed on condensate line.
- Drain Pan drains freely when unit is in operation.
- Verify correct incoming Voltage _____
Record VAC

— The information on this form verifies operation of the Lochinvar product only. —
 This does not imply other system components or overall system operation is certified.
 Component and system verification should be performed by the designated commissioning agent or installing contractor.

WARNING ! This Startup Sheet is for use only by a qualified heating installer/service technician. Refer to the Installation and Operation Manual for your reference. Have this unit serviced/inspected by a qualified service technician, at least annually. Failure to comply with the above could result in severe personal injury, death, or substantial property damage.

RUN UNIT AT 100% CAPACITY FOR A MINIMUM OF 15 MINUTES THEN COMPLETE THE FOLLOWING:

WATER FLOW RATES

Condenser Flow: _____ gpm

Evaporator Flow: _____ gpm

CONDENSER WATER TEMPERATURES

Water Temp. **IN** (Tcondin): _____ °F

Water Temp. **OUT** (Tcondout): _____ °F

CALCULATED HEATING CAPACITY: _____ btuh
 $[(Tcondout - Tcondin) \times Cond. Flow \times 500]$

Ambient Air Temperature: _____ °F

Record Compressor amps per phase:

L1 _____ amps

L2 _____ amps

L3 _____ amps

Calculate superheat prior to accumulator: _____ °F

Check sightglass Clear Bubbles

Oil level in compressor sight glass:

Full 3/4 1/2 1/4

PRESSURE & TEMPERATURES

Evaporator Pressure - psig: _____

Saturated Evaporator Temperature (SET): _____ °F

Condenser Pressure - psig: _____

Saturated Condenser Temperature (SCT): _____ °F

Compressor discharge line temperature: _____ °F

Compressor suction line temperature: _____ °F

Refrigerant liquid line temperature: _____ °F

CALCULATED APPROACH TEMPERATURE: _____ °F
(SCT - Tcondout)

START-UP PERFORMED BY:

Company: _____

Name: _____

Phone: _____

START-UP APPROVED BY:

Company: _____

Name: _____

Phone: _____

Send completed form By Email: 2tech@Lochinvar.com

By Fax: (615) 882-2963

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SAVE & EMAIL