



START UP CHECKLIST

Electric Unit Readiness Checklist and Start-Up Documentation

Job Name: _____
Address: _____
City: _____ ST: _____ Zip: _____
Contact Name: _____ Contact Phone: _____
Email: _____

of Units on jobsite _____ Boiler(s) _____ Water Heater(s) _____
☐ Retrofit ☐ System Flushed ☐ New Const.

| | | |
|-----------------|-----------|----------------|
| Unit ___ of ___ | Model No: | Serial Number: |
| | | |

Check all items in this section PRIOR to requesting Start-Up.

List any health or safety
req'ts. for jobsite: _____

!!!BEFORE POWERING UNIT!!!

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- ☐ Before connecting main voltage to unit - Check each phase to ground continuity, POT test (should not be grounded) ☐ Check and verify electrical panel and wiring are sized and installed correctly.
- ☐ Check/tighten all wire connections (for Lectrus, see torque specifications in I/O manual)
- ☐ Water piping installed & supply available Outlet pipe size (in): _____ Inlet pipe size (in): _____
- ☐ Is the pressure vessel drain piped to a suitable floor drain? ☐ Is the pressure relief valve piped to a suitable floor drain? ☐ Has Unit been Cleaned of all dust and debris?
- ☐ Water Sample Collected & Submitted ☐ Water Test Kit P/N: 100249265

Qualified Electrician: Name _____ License# _____ Licensed held: _____

!!!AFTER POWERING UNIT!!!

!!!AFTER POWERING UNIT!!!

VOLTAGE CHECK L1 to L2 L2 to L3 L1 to L3 L1 to Ground L2 to Ground L3 to Ground

AMPERAGE CHECK at 100% Element Power L1 L2 L3

☐ All power, controls, & sensors installed and operational BMS Operational? Y ☐ N/A ☐

SERVICE CLEARANCES Left Right Front Back Top Required service clearances are provided.
(Refer to Installation & Operation Manual)

WARNING ! Unit Startup should be performed only by a qualified heating electrician. Refer to the Installation and Operation Manual for your reference. Have this unit serviced/inspected by a qualified electrician, at least annually. Failure to comply could result in severe personal injury, death, or substantial property damage.

NOTES

| | | |
|------------------------------|------------------------|--|
| WATER TEMPS (Boiler only) | Inlet: | |
| | Outlet: | |
| | Delta T at Full power: | |

START-UP PERFORMED BY: _____

S/U DATE: _____

Company: _____

Name: _____

Phone: _____

Send completed form to:

Email: startup@Lochinvar.com

Mail: Service Dept/Lochinvar
300 Maddox Simpson Pkwy.
Lebanon, TN 37090

OR

Internal Use:

Date Rec'd: _____

Tech: _____

SAVE & EMAIL

— 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 a QUALIFIED TECHNICIAN.