



EQUIPMENT READINESS CHECKLIST And Start-Up Documentation

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

of Units at jobsite: _____ Boiler(s) _____ Water Heater(s) _____ Retrofit ☐
Tank(s) _____ Other _____ New Const. ☐

Unit ____ of ____	Model No:	Serial Number:

Give brief description of jobsite. Include model/serial numbers if equipment is not documented with this project:

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

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

<input type="checkbox"/> Required service clearances are provided. (Refer to Installation & Operation Manual)	Outdoor Installation? Y <input type="radio"/> N <input type="radio"/>
<input type="checkbox"/> All power, controls, & sensors installed and operational	BMS Operational? Y <input type="radio"/> N/A <input type="radio"/> Supply VAC: _____
<input type="checkbox"/> Water piping installed & supply available <input type="checkbox"/> System Flushed <input type="checkbox"/> Filters Installed/Cleaned	Water Pressure (PSI) _____ Water Pipe Dia. (in): _____
<input type="checkbox"/> Gas connected & supply available <input type="checkbox"/> Sufficient supply for total BTU req'd	Water Test Kit P/N: 100249265 <input type="checkbox"/> Water Sample Obtained & Submitted
<input type="checkbox"/> Regulator Installed <input type="checkbox"/> Min. 10 ft. upstream from appliance	Gas Pipe Dia. (in): _____
<input type="checkbox"/> Ventilation is connected and operational <input type="checkbox"/> Neutralizer installed for condensate	Date of Request: _____

NOTES

WARNING!

Unit Start-up should be performed 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 could result in severe personal injury, death, or substantial property damage.

START-UP REPORT

Crest				Crest Hellcat Combustion			
WATER TEMPS	Total Amp Draw			Combustion	Operating Point	Trim %	Target O ₂
	Inlet:				Point 1		
	Outlet:				Point 2		
	Delta T:				Point 3		
GAS (Inches of WC)	Static Pressure:				Point 4		
	Dynamic Pressure:				Point 5		
COMBUSTION	V1 Low	V1 High	O ₂		Point 6		
			CO ppm		Point 7		
	CO ₂	Point 8					
	CO ppm	Point 9					
	CO ₂	Point 0					
	Venting Configuration – Select below and indicate direction						
	If Equipped V2 Low V2 High						
	O ₂						
VENTILATION	Air (In)	Flue (Out)	CO ppm	<input type="checkbox"/> Direct Vent - 2 Pipe Termination Vertical <input type="radio"/> Horizontal <input type="radio"/>			
			CO ₂	<input type="checkbox"/> Concentric - Single Pipe Vertical <input type="radio"/> Horizontal <input type="radio"/>			
	Diameter:			<input type="checkbox"/> Room Air - Single Vent Termination Vertical <input type="radio"/> Horizontal <input type="radio"/>			
	Material:			<input type="checkbox"/> Vertical Vent w/Sidewall Air			
Total Eqv. Lgth:							

— 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.

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