



REGENT TANKLESS WATER HEATER

Start-Up Documentation

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

of Regent WH at jobsite: _____ Retrofit New Const.

Unit ___ of ___	Model No:	Serial Number:
<input type="checkbox"/> Stand alone <input type="checkbox"/> or Multi Unit installation		

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'nts. for jobsite:

<input type="checkbox"/> Service clearances are provided. (Refer to Installation & Operation Manual)		Right <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Top <input type="checkbox"/>
Outdoor Installation? Y <input type="radio"/> N <input type="radio"/>	Outdoor kit installed? Y <input type="radio"/> N <input type="radio"/>	
<input type="checkbox"/> Verify the heater is full of water before switching main power ON.	Building Recirculation Loop? Y <input type="radio"/> N <input type="radio"/>	Building Recirculation Loop Flow _____ GPM
<input type="checkbox"/> Verify commissioning valve piped to drain?	Verify balanced reverse-return system piping for multi-unit installation? Y <input type="radio"/> N <input type="radio"/> N/A <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	Water Pressure (30 PSI min.) _____	System Water Pipe Dia. (in): _____
<input type="checkbox"/> Combustion Air & Vent is connected and operational	<input type="checkbox"/> Neutralizer installed for condensate	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 Type: NAT <input type="checkbox"/> LP <input type="checkbox"/> Gas Pipe Dia. (in): _____
<input type="checkbox"/> Gas connected & supply available	Date of Request: _____	

WARNING!

Unit Startup 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

NOTES

WATER TEMPS <small>@ 100% Modulation</small>	Inlet:		VENTILATION	Air (In)	Flue (Out)
	Outlet:			Diameter:	
	Delta T:			Material:	
	Static Pressure:			Total Eqv. Lgth:	
GAS <small>(Inches of W.C.)</small>	Dynamic Pressure:		Flame Signal:		
	GAS: Low Fire		Low Fire: _____		
	Manifold Pressure:		High Fire: _____		
COMMISSIONING	Operating Point	Trim%	Target O2	Venting Configuration -	
	Point 1			Slect below and indicate direction	
	Point 2			<input type="checkbox"/> Direct Vent - 2 Pipe Termination	
	Point 3			Vertical <input type="radio"/> Horizontal <input type="radio"/>	
	Point 4			<input type="checkbox"/> Concentric - Single Pipe	
	Point 5			Vertical <input type="radio"/> Horizontal <input type="radio"/>	
	Point 6			<input type="checkbox"/> Room Air - Single Vent Termination	
	Point 7			Vertical <input type="radio"/> Horizontal <input type="radio"/>	
	Point 8			<input type="checkbox"/> Vertical Vent w/Sidewall Air	
	Point 9			<input type="checkbox"/> Common Vent	
Point 0			Vent Damper Used? Y <input type="radio"/> N <input type="radio"/>		
Cascaded Units					
Address:					
Cascade Valve Installed:					

— 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

SAVE & EMAIL

Internal Use:

Date Rec'd: _____

Tech: _____