ARMOR *START-UP* CHECKLIST

Job Name: _____ Model Number: _____

Address: _____ Serial Number: _____

City: _____ ST: _____ Zip: _____ Start-up Date: _____

OVERVIEW

Retrofit ○ New Project ○

How many units are installed at this location?

Boiler(s): _____

Water Heater(s): _____

Inspect gas pipe, regulator and meter sizing.

Is it sized correctly for the Btu/Hr requirement? ○ Y ○ N

GAS SUPPLY

Gas Pipe Dia. *(in.)*: _____

Is there an inlet gas lockup regulator on the supply? ○ Y ○ N

If Yes, is it ten feet upstream from the appliance? ○ Y ○ N

Record in. of water column -

Static Pressure: _____

Dynamic Pressure: _____

WATER & ELECTRICAL

Water Pipe Dia. *(in.)*: _____

Tank sensor installed in storage tank? Y N

At full fire, read and record -

Inlet Temp: _____

Outlet Temp: _____

Delta T: _____

Supply VAC: _____

Total Amp draw: _____

COMBUSTION

Low Fire:

O_2 _____

CO ppm _____

CO_2 _____

High Fire:

O_2 _____

CO ppm _____

CO_2 _____

Comments/Corrections needed for gas supply, water or electricity:

_____

_____

_____

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.***

VENTING *(Select the venting option being used)*:

- ○ Vertical Direct Vent - *two pipe vertical termination*
- ○ Horizontal Direct Vent – *two pipe sidewall termination*
- ○ Concentric Vent Vertical – *single pipe vertical termination*
- ○ Concentric Vent Horizontal – *single pipe sidewall termination*
- ○ Vertical Vent w/ Sidewall Air – *single pipe vertical termination w/ single pipe combustion air supply*
- ○ Vertical Vent w/ Room Air – *single pipe vertical termination*
- ○ Horizontal Vent w/ Room Air – *single pipe sidewall termination*

Air Inlet Dia. *(in.):*	Air Inlet Material:	Total Eqv. Length *(ft.):*

Flue Dia. *(in.):*	Flue Material:	Total Eqv. Length *(ft.):*

Comments/Corrections needed for air inlet or vent piping:

_____

_____

CLEARANCES *Measure and record (inches) the service clearances from the nearest obstruction (min. 24" required for service):*

Front: _____ L Side: _____ Top: _____

Rear: _____ R Side: _____

Comments/Corrections needed for service clearances:

_____

_____

General Job Notes: _____

_____

START-UP PERFORMED BY:

Company: _____

Name: _____

Phone: _____

START-UP APPROVED BY:

Company: _____

Name: _____

Phone: _____

Send completed form to:

Email: **2tech@Lochinvar.com**

Fax: (615) 882-2963

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

Lochinvar®
High Efficiency Water Heaters and Boilers

— 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.

Internal Use:

S/O #: _____

Routed: _____

Tech: _____

App: ☐ Denied: ☐

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