

COPPER-FIN 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 Btu/Hr requirement?
 Y N

WATER & ELECTRICAL
At full fire, read and record -

Inlet Temp: _____
 Outlet Temp: _____
 Delta T: _____
 Supply Voltage: _____
 Tot. Amp Draw: _____

AIR PRESSURE
Record in. of water column -

Left Blower*: _____
 Right Blower: _____

GAS SUPPLY

Gas Pipe Dia. (in.): _____
 Total Eq. Length Gas Piping (ft.): _____

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

If Yes, is it 10' upstream from the appliance? Y N

Record in. of water column -

Static Pressure: _____
 Dynamic Pressure: _____
 Manifold Pressure: _____

GAS PRESSURE

Vlv 1: _____ *Vlv 2: _____
 *Vlv 3: _____ *Vlv 4: _____
 *Vlv 5: _____ *Vlv 6: _____

WATER TEMPERATURES

High Limit: _____
 Stg 1 Diff: _____
 *Stg 2 Diff: _____

**If Equipped*

VENTING (Select the venting option being used):

Conventional venting
 Outdoor

VENTILATION

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

Flue Dia. (inches): _____
 Flue Material: _____
 Total Eqv. Length (ft.): _____

COMBUSTION

Low Fire: _____ **High Fire:** _____
 O₂ % _____
 CO ppm _____
 CO₂ % _____

Draft Readings
Record in. of water column -
 Unit On: _____
 Unit Off: _____

Barometric Dampers properly adjusted? Y N

COMBUSTION AND VENTILATION OPENINGS:

Two openings to outside _____ Two ducts from outside _____
 One opening to outside _____ Two ducts from interior space _____

Combustion & Vent Openings (total sq. in.): _____ Louver Openings (total sq. in.): _____ Clearance between inlet & outlet (DV): _____

Comments/Corrections needed for air inlet piping, openings or venting:

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

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.


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: _____