

CREST® **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.): _____

At full fire, read and record -
 Inlet Temp: _____
 Outlet Temp: _____
 Delta T: _____

Supply Voltage: _____
 Total Amp Draw: _____

COMBUSTION

Valve 1 Low Fire:	Valve 1 High Fire:
O ₂ % _____	_____
CO ppm _____	_____
CO ₂ % _____	_____
Valve 2 Low Fire:	Valve 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
- Common Venting - two or more units piped to same flue
- Horizontal Direct Vent - two 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

Heat Exchanger condensate piped to: Neutralizer Kit Drain

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

Comments/Corrections needed for vent, HEX, or air inlet 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
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 Lebanon, TN 37090



— 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: _____