

# KNIGHT & KNIGHT XL **START-UP** CHECKLIST

Job Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Model Number: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_  
 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 VAC: \_\_\_\_\_  
 Ttl Amp draw: \_\_\_\_\_

**COMBUSTION**

Low Fire:

O<sub>2</sub> \_\_\_\_\_  
 CO ppm \_\_\_\_\_  
 CO<sub>2</sub> \_\_\_\_\_

High Fire:

O<sub>2</sub> \_\_\_\_\_  
 CO ppm \_\_\_\_\_  
 CO<sub>2</sub> \_\_\_\_\_

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](mailto:2tech@Lochinvar.com)  
 Fax: (615) 882-2963  
 Mail: Service Dept/Lochinvar  
 300 Maddox Simpson Pkwy.  
 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: \_\_\_\_\_