POWER-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 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: _____

Manifold Pressure: _____

Air Pres. Differential: _____

WATER & ELECTRICAL

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

At full fire, read and record -

Inlet Temp: _____

Outlet Temp: _____

Delta T: _____

Supply Voltage: _____

Total Amp Draw: _____

COMBUSTION

	Low Fire:	***High Fire:***
O_2 %	_____	_____
CO ppm	_____	_____
CO_2 %	_____	_____

Draft Readings

Record in. of water column -

Unit On: _____

Unit Off: _____

Barometric Dampers properly adjusted? ☐ Y ☐ N

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)*:

- ☐ Conventional
- ☐ Direct Vent Horizontal
- ☐ Direct Vent Vertical
- ☐ Sidewall
- ☐ DirectAire Horizontal w/Rooftop inlet
- ☐ DirectAire Vertical w/Sidewall Inlet

Combustion & Vent Openings *(total sq. in.)*: _____

Louver Openings *(total sq. in.)*: _____

Clearance between inlet & outlet (DV): _____

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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