Lochinvar®

EQUIPMENT READINESS CHECKLIST
And Start-Up Documentation

Job Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Contact Name: _____ Contact Phone: _____

Email: _____

# of Units at jobsite: Boiler(s) _____ Water Heater(s) _____ Retrofit ◯

Tank(s) _____ Other _____ New Const. ◯

Unit __ of __	Model No:	Serial Number:

Give brief description of jobsite. Include model/serial numbers if equipment is not documented with this project:

Check all items in this section PRIOR to requesting Start-Up.

List any health or safety req'mts. for jobsite:

☐	Required service clearances are provided. *(Refer to Installation & Operation Manual)*		Outdoor Installation? Y◯ N◯	
☐	All power, controls, & sensors installed and operational		BMS Operational? Y◯ N/A◯	Supply VAC: _____
☐	Water piping installed & supply available	☐ System Flushed	☐ Filters Installed/Cleaned	Water Pressure (PSI) _____ Water Pipe Dia. (in): _____
☐	Gas connected & supply available	☐ Sufficient supply for total BTU req'd	Water Test Kit P/N: 100249265	☐ Water Sample Obtained & Submitted
☐	Regulator Installed	☐ Min. 10 ft. upstream from appliance		Gas Pipe Dia. (in): _____
☐	Ventilation is connected and operational	☐ Neutralizer installed for condensate	Date of Request:	

WARNING ! *Unit Startup should be performed 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 could result in severe personal injury, death, or substantial property damage.*

START-UP REPORT

ALL GAS-FIRED UNITS				**NON-CONDENSING ONLY**			
Total Amp Draw				Blower Air Pressure: Left ____ Right ____			
WATER TEMPS	Inlet:			High Limit:			
	Outlet:			Stg 1 Diff.	Stg 2 Diff.	Stg 3 Diff.	Stg 4 Diff.
	Delta T:			____	____	____	____
GAS (Inches of WC)	Static Pressure:			Manifold Pressure:			
	Dynamic Pressure:			Air Pres. Differential:			
COMBUSTION		V1 Low	V1 High	DRAFT READINGS			
	O_2			Unit ON:		Unit OFF:	
	CO ppm			Barometric dampers properly adjusted ☐			
	CO_2			Venting Configuration –			
	If Equipped	V2 Low	V2 High	*Select below and indicate direction*			
	O_2			◯ Direct Vent - 2 Pipe Termination			
	CO ppm			Vertical ☐ Horizontal ☐			
	CO_2			◉ Concentric - Single Pipe			
VENTILATION		Air (In)	Flue (Out)	Vertical ☐ Horizontal ☐			
	Diameter:			◯ Room Air - Single Vent Termination			
	Material:			Vertical ☐ Horizontal ☐			
	Total Eqv. Lgth:			◯ Vertical Vent w/Sidewall Air			

— 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.

NOTES

START-UP PERFORMED BY: **S/U DATE:** _____

Company: _____

Name: _____

Phone: _____

Send completed form to:
Email: **startup@Lochinvar.com**
Mail: Service Dept/Lochinvar
300 Maddox Simpson Pkwy.
Lebanon, TN 37090

OR

SAVE & EMAIL

Internal Use:
Date Rec'd: _____
Tech: _____