



## 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'nts. for jobsite: \_\_\_\_\_

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

### NOTES

## 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 <small>(Inches of WC)</small>	Static Pressure: _____		Manifold Pressure: _____			
	Dynamic Pressure: _____		Air Pres. Differential: _____			
COMBUSTION	V1 Low	V1 High	DRAFT READINGS			
	O <sub>2</sub>		Unit ON: _____	Unit OFF: _____		
	CO ppm		Barometric dampers properly adjusted <input type="checkbox"/>			
	CO <sub>2</sub>		Venting Configuration – <i>Select below and indicate direction</i>			
	If Equipped V2 Low	V2 High	<input type="checkbox"/> Direct Vent - 2 Pipe Termination		Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/>	
	O <sub>2</sub>		<input checked="" type="radio"/> Concentric - Single Pipe		Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/>	
VENTILATION	Air (In)	Flue (Out)	<input type="checkbox"/> Room Air - Single Vent Termination		Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/>	
	Diameter: _____		<input type="checkbox"/> Room Air - Single Vent Termination		Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/>	
	Material: _____		<input type="checkbox"/> Vertical Vent w/Sidewall Air			
Total Eqv. Lgth: _____						

**START-UP PERFORMED BY:** \_\_\_\_\_ **S/U DATE:** \_\_\_\_\_

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Send completed form to:

**Email:** [startup@Lochinvar.com](mailto:startup@Lochinvar.com)

**Mail:** Service Dept/Lochinvar  
300 Maddox Simpson Pkwy.  
Lebanon, TN 37090

OR

Internal Use:

Date Rec'd: \_\_\_\_\_

Tech: \_\_\_\_\_

**SAVE & EMAIL**

— 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.