LOCHINVAR STARTUP REQUEST

15070 Proctor Ave., Industry, CA 91746 Phone: 800/591-9440 Fax: 626/855-4811

Date:

To:

Company:

Fax:

Phone:

FROM: **Willie Worthan**

Elmco/Duddy

FAX: **(626) 855-4811**

Please fill out this form and fax it back to my attention at the above fax number. A START UP WILL NOT BE SCHEDULED UNTIL THIS FORM IS SIGNED AND RETURNED. Please make sure that the system meets the following requirements: If you have any questions, please refer to the Installation & Operation Manual provided with the unit, or call us at 800/591-9440.

- ❑ 1. Proper sized gas supply connected to unit and that gas is on.
- ❑ 2. Assure that all gas supply lines are completely purged of air.
- ❑ 3. Proper combustion and ventilation air openings.
- ❑ 4. Proper venting of unit to atmosphere (Power-Fin Models: Barometric damper installed)
- ❑ 5. Proper voltage supply (120 VAC.)
- ❑ 6. Assure that all electrical connections are made and comply to all local codes (**note:** the unit is required to have its own designated power source.)
- ❑ 7. Assure that the system is completely filled with water and that water is on.
- ❑ 8. Assure that all circulating pumps are oiled & operating properly.
- ❑ 9. Has the unit(s) previously been fired? **Circle** Yes No
- ❑ 10. Is there a boiler/water heater controller on this system? **Circle** Yes No
- ❑ 11. Was it provided by E/D? **Circle** Yes No
- ❑ 12. Is it installed per manufacturer recommendations? **Circle** Yes No (ex: sensor in header, "T" in well)

Jobsite Name: _____

Address: _____

City/ZIP: _____

Cross Streets: _____

Number of Lochinvar Units: _____

Model (s): _____

Serial #(s): _____

Controller: MP2, Harmony or Tekmar (**circle one**) Model: _____

Jobsite Contact: _____

Phone: ( ) _____

Date Startup Requested for: _____

A startup will not be scheduled without model & serial # for each unit.

APPROVAL:

I approve Elmco/Duddy to schedule a start up with a factory-authorized service company. I understand that I will be billed if the above requirements have not been met. Please use the following purchase order should you have to bill me if the equipment is NOT READY for startup. PO# _____.

_____ _____

Contractor's Signature of Approval Please Print Name

Company:_____ Address: _____

Phone: ( ) _____ City/ST/ZIP: _____