

BL Series Startup Form

Job Name: _____	Date: _____
Address: _____	
Model Number: _____	
Serial Number: _____	Tag: _____
Startup Contractor: _____	
Address: _____	
Phone: _____	

Pre Startup Checklist

Installing contractor should verify the following items.	
1. Is there any visible shipping damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the unit level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are the unit clearances adequate for service and operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do all access doors open freely and are the handles operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have all electrical connections been tested for tightness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the electrical service correspond to the unit nameplate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. On 208/230V units, has transformer tap been checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has overcurrent protection been installed to match the unit nameplate requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the field water piping to the unit appear to be correct per design parameters?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Ambient Temperature

Ambient Dry Bulb Temperature _____°F	Ambient Wet Bulb Temperature _____°F
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Water/Glycol System

1. Has the entire system been flushed and pressure checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have isolation valves to the boiler been installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the entire system been filled with fluid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has air been bled from the heat exchangers and piping?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is there a minimum load of 50% of the design load?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the water piping been insulated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is the glycol the proper type and concentration (N/A if water)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. What is the freeze point of the glycol (N/A if water)? _____	

Boiler Configuration

No Water Leaks <input type="checkbox"/>	Boiler Water Flow _____ gpm
Boiler Safety Check <input type="checkbox"/>	Boiler Building Water Flow _____ gpm

Pumping Package

	hp	L1	L2	L3	Flow (gpm)
Boiler Building Pump #1					
Boiler Building Pump #2					

Boilers

Boiler Water In Temperature _____ °F		Boiler Water Out Temperature _____ °F	
Boiler	Amps	Boiler	Amps
1		3	
2		4	

