

LC 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 shipping braces been removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have all electrical connections been tested for tightness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the electrical service correspond to the unit nameplate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. On 208/230V units, has transformer tap been checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has overcurrent protection been installed to match the unit nameplate requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have all set screws on the fans been tightened?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do all fans rotate freely?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. 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 chiller 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)? _____	

Chiller Configuration

Air-Cooled Condenser <input type="checkbox"/>	Evaporative-Cooled Condenser <input type="checkbox"/>
Low Ambient Control <input type="checkbox"/>	Condenser Safety Check <input type="checkbox"/>
No Water Leaks <input type="checkbox"/>	Water Flow _____ gpm
Chilled Water In Temperature _____ °F	Chilled Water Out Temperature _____ °F

Compressors/DX Cooling

Check Rotation <input type="checkbox"/>							
Number	Model #	L1	L2	L3	Head Pressure PSIG	Suction Pressure PSIG	Crankcase Heater Amps
1							
2							
3							
4							

Refrigeration System 1 - Cooling Mode

	Pressure	Saturated Temperature	Line Temperature	Sub-cooling	Superheat
Discharge				N/A	N/A
Suction				N/A	
Liquid					N/A

Refrigeration System 2 - Cooling Mode

	Pressure	Saturated Temperature	Line Temperature	Sub-cooling	Superheat
Discharge				N/A	N/A
Suction				N/A	
Liquid					N/A

Condenser Fans

Alignment <input type="checkbox"/>		Check Rotation <input type="checkbox"/>		Nameplate Amps _____	
Number	hp	L1	L2	L3	
1					
2					
3					
4					
5					
6					

Pumping Package

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

