

LN 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"/>	Condenser Safety Check <input type="checkbox"/>
Low Ambient Control <input type="checkbox"/>	Water Flow _____ gpm
No Water Leaks <input type="checkbox"/>	Chilled Water In Temperature _____ °F
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				
7				
8				

Pumping Package

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

Maintenance Log

This log must be kept with the unit. It is the responsibility of the owner and/or maintenance/service contractor to document any service, repair or adjustments. AAON Service and Warranty Departments are available to advise and provide phone help for proper operation and replacement parts. The responsibility for proper start-up, maintenance and servicing of the equipment falls to the owner and qualified licensed technician.

Entry Date	Action Taken	Name/Tel.