



1. RN SERIES START-UP FORMS

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

1.1. Pre-Startup Checklist

Installing contractor must verify the following items.	
1. Is there any visible shipping damage?	<input type="checkbox"/> Yes
2. Is the unit level?	<input type="checkbox"/> Yes
3. Are the unit clearances adequate for service and operation?	<input type="checkbox"/> Yes
4. Do all access doors open freely, and are the handles operational?	<input type="checkbox"/> Yes
5. Have all of the shipping braces been removed?	<input type="checkbox"/> Yes
6. Have all of the electrical connections been tested for tightness?	<input type="checkbox"/> Yes
7. Has all gas heat piping been checked for leaks?	<input type="checkbox"/> Yes
8. Does the electrical service correspond to the unit nameplate?	<input type="checkbox"/> Yes
9. Has the transformer tap been checked for the 208/230V units?	<input type="checkbox"/> Yes
10. Has adequate overcurrent protection been installed to match the requirements listed on the unit nameplate?	<input type="checkbox"/> Yes
11. Have all set screws on the fans been tightened?	<input type="checkbox"/> Yes
12. Do all of the fans rotate freely?	<input type="checkbox"/> Yes
13. Does the field water piping to the unit appear to be correct per design parameters?	<input type="checkbox"/> Yes
14. Is all of the copper tubing isolated so it does not rub?	<input type="checkbox"/> Yes
15. Have the damper assemblies been inspected?	<input type="checkbox"/> Yes
16. Are the air filters installed with proper orientation?	<input type="checkbox"/> Yes
17. Have the condensate drain and p-trap been connected?	<input type="checkbox"/> Yes
18. Is the actual refrigerant charge of the largest circuit in accordance with the required conditioned floor area according to Table 16?	<input type="checkbox"/> Yes
19. Are the ventilation and exhaust openings unobstructed?	<input type="checkbox"/> Yes
20. Are the markings, decals, and warnings on the unit clearly visible?	<input type="checkbox"/> Yes
21. Have all of the damaged or illegible markings and warnings been replaced?	<input type="checkbox"/> Yes



1.2. A2L Refrigerant Detection System (RDS) Pre-Start Checklist

1. Does each port (sensors 1-3) have a male connector plugged into both the Cabinet and Airstream connections on the mitigation board?	<input type="checkbox"/> Yes
2. Do the compressor and gas heat operation shut off when the cabinet board sensor trips?	<input type="checkbox"/> Yes
3. Does normal unit operation commence, except for the compressor and gas heater, after the cabinet board sensor trips?	<input type="checkbox"/> Yes
4. Does the compressor shut off and the fan stay on when the Airstream board sensor trips?	<input type="checkbox"/> Yes
5. Does the non-compressor or gas heating/cooling stay on when both boards trip? (electric heater stays on)	<input type="checkbox"/> Yes
6. When the A2L airstream alarm is activated, do the supply fans start, VAV boxes open, and compressors stop?	<input type="checkbox"/> Yes

1.3. Ambient Temperature

Ambient Temperature	
Ambient Dry Bulb Temperature _____°C/°F	Ambient Wet Bulb Temperature _____°C/°F

1.4. Supply Fan Assembly

Alignment <input type="checkbox"/>		Check Rotation <input type="checkbox"/>		Nameplate Amps _____	
Number	Hp	L1 Volts/Amps	L2 Volts/Amps	L3 Volts/Amps	
1					
Band Size _____			VAV Controls _____		
VFD Frequency _____					

1.5. Energy Recovery Wheel Assembly

Wheel(s) Spin Freely <input type="checkbox"/>		Check Rotation <input type="checkbox"/>		FLA _____	
Number	Hp	L1 Volts/Amps	L2 Volts/Amps	L3 Volts/Amps	
1					

1.6. Power Exhaust Fan Assembly

Alignment <input type="checkbox"/>		Check Rotation <input type="checkbox"/>		Nameplate Amps _____	
Number	Hp	L1 Volts/Amps	L2 Volts/Amps	L3 Volts/Amps	
1					
Band Size _____					
VFD Frequency _____					



1.7. Outside Air/Economizer Dampers

Operation Check <input type="checkbox"/>
Damper Actuator Type: _____
Economizer Changeover Type and Operations: _____
Damper Wiring Check <input type="checkbox"/>
Gears Check <input type="checkbox"/>

1.8. Unit Configuration

Water- Cooled Condenser <input type="checkbox"/>	Air Cooled Condenser <input type="checkbox"/>
No Water Leaks <input type="checkbox"/>	Evaporative Condenser <input type="checkbox"/>
Condenser Safety Check <input type="checkbox"/>	
Water Flow _____GPM	
Water Inlet Temperature _____°F	
Water Outlet Temperature _____°F	

1.9. Compressors/DX Cooling

Number	L1 Volts/Amps	L2 Volts/Amps	L3 Volts/Amps	Head Pressure PSIG	Suction Pressure PSIG	Crankcase Heater Amps
1						
2						
3						
4						

1.10. Refrigeration Systems

Refrigeration System 1 Full Capacity - Cooling Mode					
	Pressure	Saturated Temperature	Line Temperature	Sub-cooling	Superheat
Discharge				N/A	N/A
Suction				N/A	
Liquid					N/A



Refrigeration System 1 Reduced Capacity - Cooling Mode					
	Pressure	Saturated Temperature	Line Temperature	Sub-cooling	Superheat
Discharge				N/A	N/A
Suction				N/A	
Liquid					N/A

Refrigeration System 1 Full Capacity - Heating Mode (Heat Pump Only)					
	Pressure	Saturated Temperature	Line Temperature	Sub-cooling	Superheat
Discharge				N/A	N/A
Suction				N/A	
Liquid					N/A

Refrigeration System 1 Reduced Capacity - Heating Mode (Heat Pump Only)					
	Pressure	Saturated Temperature	Line Temperature	Sub-cooling	Superheat
Discharge				N/A	N/A
Suction				N/A	
Liquid					N/A

1.11. Air-Cooled Condenser Fans

Alignment <input type="checkbox"/>		Check Rotation <input type="checkbox"/>		Nameplate Amps _____	
Number	Hp	L1 Volts/Amps	L2 Volts/Amps	L3 Volts/Amps	
1					



1.12. Water/Glycol System

1. Has the entire system been flushed and pressure checked?	<input type="checkbox"/> Yes
2. Has the entire system been filled with fluid?	<input type="checkbox"/> Yes
3. Has air been bled from the heat exchangers and piping?	<input type="checkbox"/> Yes
4. If glycol is used, is it the proper type and concentration (N/A if water)?	<input type="checkbox"/> Yes
5. Is there a minimum load of 50% of the design load?	<input type="checkbox"/> Yes
6. Has the water piping been insulated?	<input type="checkbox"/> Yes
7. What is the freezing point of the glycol (N/A if water)? _____	<input type="checkbox"/> Yes

1.13. Gas Heating

Natural Gas <input type="checkbox"/>		Propane <input type="checkbox"/>	Purge Air from Lines <input type="checkbox"/>	Verify Pilot Spark <input type="checkbox"/>
Stage	Manifold Pressure (w.c.) inlet		Manifold Pressure (w.c.) outlet	
1				
2				
3				
4				

1.14. Electric Heating

Stages _____		
Limit Lockout <input type="checkbox"/>		Aux. Limit Lockout <input type="checkbox"/>
Stage	Volts/Amps	
1		
2		
3		
4		



1.15. Electric Preheating

Stages _____	
Limit Lockout <input type="checkbox"/>	
Aux. Limit Lockout <input type="checkbox"/>	
Stage	Volts/Amps
1	
2	
3	
4	



1.17. Signature

By signing this form, you verify that all of the information contained is correct and filled out to the best of your ability.

Name:		
Title:		
Rep/Contractor:		
Signature: _____	Date/Time: _____	



3. MAINTENANCE LOG (E-COATED COIL)

Installation Site: _____

Installation Date: _____

Unit Model #: _____

Unit Location: _____

Unit Serial #: _____

Customer: _____

Year 20__	Ambient Temp (°F)	Surface Debris Removed	Coil Cleaned	Approved Cleaner Used	Potable Water Backwash Rinse	Potable Water Frontwash Rinse	Chlorides Removed	Comments
JAN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FEB		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MAR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
APR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MAY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
JUN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
JUL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AUG		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SEP		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OCT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NOV		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DEC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The following cleaners have been approved for use on AAON E-Coated Coils to remove mold, mildew, dust, soot, greasy residue, lint, and similar particulates without harming the coated surfaces.

Cleaning Agent	Reseller	Part Number
GulfClean™ Coil Cleaner Or Enviro-Coil Cleaner	RectorSeal 2601 Spenwick Drive, Houston, Texas 77055 (P): 713-263-8001	G074480 / 80406 Or V82540
GulfClean Salt Reducer™	" "	G074480 / 80406

Recommended Chloride Remover
RectorSeal 2601 Spenwick Drive, Houston, Texas 77055 (P): 713-263-8001