



1. SB SERIES STARTUP FORMS

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

1.1. Pre-Startup Checklist

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 shipping braces been removed?	<input type="checkbox"/> Yes
6. Have all 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. On 208/230V units, has transformer tap been checked?	<input type="checkbox"/> Yes
10. Has overcurrent protection been installed to match the unit nameplate requirement?	<input type="checkbox"/> Yes
11. Have all set screws on the fans been tightened?	<input type="checkbox"/> Yes
12. Do all 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 copper tubing isolated so that it does not rub?	<input type="checkbox"/> Yes
15. Have the damper assemblies been inspected?	<input type="checkbox"/> Yes
16. Are air filters installed with proper orientation?	<input type="checkbox"/> Yes
17. Have 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 17?	<input type="checkbox"/> Yes
19. Are ventilation and exhaust openings unobstructed?	<input type="checkbox"/> Yes
20. Are markings, decals, and warnings on the unit clearly visible?	<input type="checkbox"/> Yes
21. Are all damaged or illegible markings and warnings replaced?	<input type="checkbox"/> Yes



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

1. Does each port (sensor 1-3) have a male connector plugged into both the Cabinet and Airstream connection on the mitigation board?	<input type="checkbox"/> Yes
2. Does the compressor operation shut off when the cabinet board sensor trips?	<input type="checkbox"/> Yes
3. Normal unit operation commences except for the compressor 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. Non-compressor 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 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. Voltage

L1	L2	L3

L1-Ground	L2-Ground	L3-Ground

1.5. 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					
2					
Band Size _____			VAV Controls _____		
VFD Frequency _____					

1.6. Compressors/DX Cooling

Number	L1 Volts/Amps	L2 Volts/Amps	L3 Volts/Amps	Head Pressure PSIG	Suction Pressure PSIG
1					

1.7. Refrigeration Systems Cooling Mode

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

1.8. Refrigeration Systems Heating Mode

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

1.9. Unit Configuration

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

1.10. 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



1.11. Mixing Box Dampers

Aux. Limit Lockout <input type="checkbox"/>	Aux. Limit Lockout <input type="checkbox"/>	Aux. Limit Lockout <input type="checkbox"/>
Damper Actuator Type: _____		
Economizer Changeover Type and Operations: _____		

1.12. Electric Heating

Stages _____	
Limit Lockout <input type="checkbox"/>	Aux. Limit Lockout <input type="checkbox"/>
Stage	Volts/Amps
1	
2	
3	
4	
5	
6	
7	
8	



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