## Instructions:
This test sheet must be completely filled out during start-up and returned to Data Aire, Inc. Failure to return the test sheet may limit or cause delays in warranty coverage. Some of the terms listed require specific information to be entered and others only need a check mark that verifies a test of inspection has been conducted. Items not applicable should be marked "N/A".

### UNIT IDENTIFICATION
- **Job Number:** ______________________
- **Model Number:** ______________________
- **Serial Number:** ______________________

### TEST VOLTAGE
- **Voltage:** A-B: ______ A-C: ______ B-C: ______

### TEST CONDITIONS
- **Supply Air Temperature:** _____ °F
- **Condenser/Ambient Air Temperature:** _____ °F
- **Return Air Temperature:** _____ °F
- **Return Air Humidity:** _____%

#### BLOWER No. 1
- **Motor HP:** _____
- **F.L.A.:** _____
- **Voltage:** _____
- **Operating Amps:** L1 _____ L2 _____ L3 _____
- **Motor, Drive and Pulley Aligned:** Yes or No
- **Drive and Pulley Set Screws Tight:** Yes or No
- **Blower Clean of Debris:** Yes or No
- **Blower Pulley Size:** ______

#### BLOWER No. 2
- **Motor HP:** _____
- **F.L.A.:** _____
- **Voltage:** _____
- **Operating Amps:** L1 _____ L2 _____ L3 _____
- **Motor, Drive and Pulley Aligned:** Yes or No
- **Drive and Pulley Set Screws Tight:** Yes or No
- **Blower Clean of Debris:** Yes or No
- **Blower Pulley Size:** ______

#### BLOWER No. 3 – (As applicable)
- **Motor HP:** _____
- **F.L.A.:** _____
- **Voltage:** _____
- **Operating Amps:** L1 _____ L2 _____ L3 _____
- **Motor, Drive and Pulley Aligned:** Yes or No
- **Drive and Pulley Set Screws Tight:** Yes or No
- **Blower Clean of Debris:** Yes or No
- **Blower Pulley Size:** ______

#### COMPRESSOR No. 1
- **Operating Amps:** L1 _____ L2 _____ L3 _____
- **Discharge Pressure:** _____ PSIG
- **Suction Pressure:** _____ PSIG
- **Suction Temperature:** _____ °F
- **Superheat:** _____ °F
- **Crankcase Temperature:** _____ °F
- **Oil Level Sight Glass:** _____%
- **High Pressure Cutout:** _____ PSIG
- **Moisture Indicator:** Green or Yellow
- **Discharge Pressure Unloaded:** _____ PSIG
- **Suction Temperature Unloaded:** _____ °F
- **AMPS unloaded:** L1 _____ L2 _____ L3 _____
- **Hot Gas Bypass:** Yes or No
- **Liquid Line Solenoid:** Yes or No
- **Compressor Unloader:** Yes or No

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COMPRESSOR No. 2
Operating Amps: L1 ____ L2 ____ L3 ____ Discharge Pressure: ____ PSIG
Suction Pressure: ____ PSIG Suction Temperature: ____ °F Superheat: ____ °F
Crankcase Temperature: ____ °F Oil Level Sight Glass: ____ % High Pressure Cutout: ____ PSIG
Moisture Indicator: Green or Yellow Discharge Pressure Unloaded: ____ PSIG
Suction Temperature Unloaded: ______ °F AMPS unloaded: L1 ____ L2 ____ L3 ____
Hot Gas Bypass: Yes or No Liquid Line Solenoid: Yes or No Compressor Unloader: Yes or No

ENERGY SAVER COOLING LOGIC:
DC Volts Setting ____________________ Modulating Valve Operation: Yes or No

REHEAT
Type: Electric ____ Hot Water ____ Hot Gas ____ Steam ____
(For Electric Reheat) Operating Amps L1 _____ L2 _____ L3 _____
High Temperature Safety Operation: Yes or No
(For Non-Electric Reheat) Valve Operating: Yes or No

HUMIDIFIER
Steam Generator: Yes or No Operating Amps: L1 _____ L2 _____ L3 _____
Water Level: _________ % Capacity Setting _________ % Water Pressure Switch: Yes or No
Dry Steam Solenoid: Yes or No

The following items must be checked and adjusted as required:

Electrical Connections: Yes or No Copper Conductors Used: Yes or No
Disconnect: Yes or No Remote Shutdown Jumper: Yes or No
Filters Clean: Yes or No System Leak Checked: Yes or No
System Evacuated: Yes or No Water Detection Probe Alarm: Yes or No
Smoke Detector Magnet Test: Yes or No

DATA ALARM PROCESSOR II - See DAP-II CHECKLIST ATTACHED

Comments: _______________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Company Name: __________________________ Telephone: (______) __________________

Start-Up Conducted by: __________________________ Date: ________________