

FIELD START-UP TEST SHEET

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CHILLED WATER UNITS

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 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 – (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: _____

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: _____

CHILLED WATER

Chilled Water Temperature **IN**: _____ °F Chilled Water Temperature **OUT**: _____ °F

Temperature differential: _____ °F

WATER VALVE

Valve Size: _____ inches Valve Model No.: _____ Manufactured by: _____

Valve Motor Model No.: _____ Manufactured by: _____ D.C. Volt Setting: _____

Modulate Open: Yes or No Modulate Close: Yes or No Valve: 2-way _____ 3-way _____

REHEAT

Type: Electric ___ Hot Water ___ 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
Water Detection Probe Alarm:	Yes or No	Smoke Detector Magnet Test:	Yes or No

DATA ALARM PROCESSOR 4 - See DAP4 CHECKLIST ATTACHED

Comments: _____

Company Name: _____ Telephone: (_____) _____

Start-Up Conducted by: _____ Date: _____