FIELD START-UP TEST SHEET
230 W. BlueRidge Ave. Orange, CA 92865
Phone: (714) 921-6000 Fax: (714) 921-6010
www.dataaire.com

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, 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, 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, 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 _____

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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: ________________