

FIELD START-UP SHEET

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MINI, MINI-PLUS, LCS CEILING SYSTEMS (gPOD) Air Cooled, Water/Glycol Cooled and 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 Condenser/Ambient Air Temperature: _____ °F

Return Air Temperature: _____ °F Return Air Humidity: _____ %

BLOWER (EVAPORATOR)

Motor HP: _____ F.L.A.: _____ Voltage: _____ Operating Amps: L1 _____ L2 _____ L3 _____

Motor, Drive and Pulleys Aligned: Yes or No Drive and Pulley Set Screws Tight: Yes or No

Blower Clean of Debris: Yes or No Blower Pulley Size: _____

BLOWER (CONDENSER)

Motor HP: _____ F.L.A.: _____ Voltage: _____ Operating Amps: L1 _____ L2 _____ L3 _____

Motor, Drive and Pulleys 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 Refrigerant Type _____ # of Pounds/Oz _____

Operating Amps: L1 _____ L2 _____ L3 _____ Discharge Pressure: _____ PSIG

Liquid Line Temperature _____ Sub-cooling _____ °F

Suction Pressure: _____ PSIG Suction Temperature: _____ °F Superheat: _____ °F

Crankcase Temperature: _____ °F High Pressure Failure: _____ PSIG

Hot Gas Bypass: Yes or No Liquid Line Solenoid: Yes or No

COMPRESSOR NO. 2 Refrigerant Type _____ # of Pounds/Oz _____

Operating Amps: L1 _____ L2 _____ L3 _____ Discharge Pressure: _____ PSIG

Liquid Line Temperature _____ Sub-cooling _____ °F

Suction Pressure: _____ PSIG Suction Temperature: _____ °F Superheat: _____ °F

Crankcase Temperature: _____ °F High Pressure Failure: _____ PSIG

Hot Gas Bypass: Yes or No Liquid Line Solenoid: Yes or No

REHEAT

Type: Electric _____ Hot Water _____
(For Electric Reheat)

Hot Gas _____ Steam _____
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

CHILLED WATER UNITS

Valve Size: _____ 2-Way: _____ 3-Way: _____

Chilled Water Operation: Valve Open: Yes or No Valve Closed: Yes or No

OPTIONAL EQUIPMENT (DX)

Energy Saver Cooling: Yes or No Valve Open: Yes or No Valve Closed: Yes or No

Auxiliary Chilled Water Cooling: Yes or No Valve Open: Yes or No Valve Closed: Yes or No

gPod CO₂ Settings: _____

The following items must be checked and adjusted as required:

Electrical Connections:	Yes or No	Copper Conductors Used:	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
Thermostat Operation:	Yes or No	High Condensate Level:	Yes or No

DATA ALARM MINI PROCESSOR 4 – Yes or No Serial Number: _____

Actual menu settings at field start-up must be entered below:

CONTROL MENU SETTINGS:

1. _____	11. _____	21. _____	31. _____	41. _____
2. _____	12. _____	22. _____	32. _____	42. _____
3. _____	13. _____	23. _____	33. _____	43. _____
4. _____	14. _____	24. _____	34. _____	44. _____
5. _____	15. _____	25. _____	35. _____	45. _____
6. _____	16. _____	26. _____	36. _____	46. _____
7. _____	17. _____	27. _____	37. _____	47. _____
8. _____	18. _____	28. _____	38. _____	48. _____
9. _____	19. _____	29. _____	39. _____	49. _____
10. _____	20. _____	30. _____	40. _____	50. _____

Comments: _____

Company Name: _____ **Telephone:** (_____) _____

Start-Up Conducted by: _____ **Date:** _____