

FIELD START-UP TEST SHEET

230 W. BlueRidge Avenue, Orange, CA 92865
(714) 921-6000 Fax: (714) 921-6010
www.dataaire.com



gForce IR CHILLED WATER SYSTEMS

Instructions:

This field start-up 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: _____

STARTUP VOLTAGE:

A - B _____ A - C _____ B - C _____

STARTUP CONDITIONS:

Supply Air Temperature (°F) _____ Condenser/Ambient Air Temp. (°F) _____

Return Air Temperature (°F) _____ Return Air Humidity (%) _____

EC PLUG FAN DATA:

Voltage: _____ FLA: _____

Plug Fan Wheels Move Free and Clear of any Debris? Yes: No:

Fan Motor Voltage:

Fan Motor Amp Draw:

Fan Speed:*

Fan#1	L1 _____ V	L2 _____ V	L3 _____ V	L1 _____ A	L2 _____ A	L3 _____ A	_____ RPM
Fan#2	L1 _____ V	L2 _____ V	L3 _____ V	L1 _____ A	L2 _____ A	L3 _____ A	_____ RPM
Fan#3	L1 _____ V	L2 _____ V	L3 _____ V	L1 _____ A	L2 _____ A	L3 _____ A	_____ RPM
Fan#4	L1 _____ V	L2 _____ V	L3 _____ V	L1 _____ A	L2 _____ A	L3 _____ A	_____ RPM
Fan#5	L1 _____ V	L2 _____ V	L3 _____ V	L1 _____ A	L2 _____ A	L3 _____ A	_____ RPM
Fan#6	L1 _____ V	L2 _____ V	L3 _____ V	L1 _____ A	L2 _____ A	L3 _____ A	_____ RPM

* If measurement device is available

CHILLED WATER:

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

Temperature Differential: _____ °F

WATER VALVE:

Valve Size: _____ Inches Valve Model: _____ Valve Manufacturer: _____

Valve Motor Model: _____ Motor Manufacturer: _____ DC Volt Setting: _____

Modulate Open: Yes: No: Modulate Close: Yes: No: Valve Type: 2-Way: 3-Way:

FIELD START-UP TEST SHEET

230 W. BlueRidge Avenue, Orange, CA 92865
(714) 921-6000 Fax: (714) 921-6010
www.dataaire.com



gForce IR CHILLED WATER SYSTEMS

REHEAT:

Type: Electric Other Describe: _____
Operating Amps: L1 _____ L2 _____ L3 _____

HUMIDIFIER:

Steam Generator: Yes: No: Operating Amps: L1 _____ L2 _____ L3 _____
Water Level: _____ % Capacity Setting: _____ %

The following items must be checked, adjusted or verified, as required:

Electrical Connections:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Copper Conductors Used:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Disconnect Switch:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Dual Power ATS:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Remote Shutdown Jumper:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Smoke Detector Magnet Test:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Filters Clean:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	System Leak Checked:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Water Detection Probe Alarm:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Under Floor Detection Cable:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Condensate Pump:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Phase Loss Relay:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

DATA ALARM PROCESSOR (dap4) CHECKLIST ATTACHED? Yes: No:

Comments:

Company Name: _____**Telephone:** (_____) _____**Startup Conducted By:** _____**Date:** _____