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 void or limit 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:

<table>
<thead>
<tr>
<th>Job Number</th>
<th>Model Number</th>
<th>Serial Number</th>
</tr>
</thead>
</table>

## STARTUP VOLTAGE:

<table>
<thead>
<tr>
<th>A - B</th>
<th>A - C</th>
<th>B - C</th>
</tr>
</thead>
</table>

## STARTUP CONDITIONS:

<table>
<thead>
<tr>
<th>Supply Air Temperature (°F)</th>
<th>Condenser/Ambient Air Temp. (°F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return Air Temperature (°F)</td>
<td>Return Air Humidity (%)</td>
</tr>
</tbody>
</table>

## FAN DATA:

- Plug Fan Wheel Movement Free and Clear of any Debris? Yes: ☑ No: ☐
- Motor, Drive and Pulleys Aligned? Yes: ☑ No: ☐ N/A: ☐ Drive and Pulley Set Screws Tight? Yes: ☑ No: ☐ N/A: ☐
- Blower Wheel Clean of Debris? Yes: ☑ No: ☐ N/A: ☐ Blower Pulley Size: _______ Belt Size: _______

| Fan#2 L1-L2 _____ V L1-L3 _____ V L2-L3 _____ V | L1 _____ A L2 _____ A L3_____ A | L1 _____ A L2 _____ A L3_____ A |
| Fan#3 L1-L2 _____ V L1-L3 _____ V L2-L3 _____ V | L1 _____ A L2 _____ A L3_____ A | L1 _____ A L2 _____ A L3_____ A |
| Fan#4 L1-L2 _____ V L1-L3 _____ V L2-L3 _____ V | L1 _____ A L2 _____ A L3_____ A | L1 _____ A L2 _____ A L3_____ A |
| Fan#5 L1-L2 _____ V L1-L3 _____ V L2-L3 _____ V | L1 _____ A L2 _____ A L3_____ A | L1 _____ A L2 _____ A L3_____ A |
| Fan#6 L1-L2 _____ V L1-L3 _____ V L2-L3 _____ V | L1 _____ A L2 _____ A L3_____ A | L1 _____ A L2 _____ A L3_____ A |

* If measurement device is available

## REGRIGERANT TYPE:

R410A
R407A
Charge: _______ Lbs _______ Oz

## COMPRESSOR 1:

Variable Speed: ☑ Fixed Speed: ☐

NOTE: Charge with compressor running at high only. When checking operating conditions allow the unit to run for 10 minutes before recording any readings. This will allow the refrigeration to stabilize, the coil to get wet, and the room conditions to stabilize.

- Compressor oil sight-glass level before startup: _______ %
- Crankcase heater temperature before start up: _______ °F
- Compressor oil condition during the first 10 minutes of start-up _______ Clear _______ Foam
- Operating Amps: L1 _______ L2 _______ L3 _______
<table>
<thead>
<tr>
<th>Hot Gas Discharge Parameters:</th>
<th>Liquid Line Parameters:</th>
<th>Low-Pressure Suction Gas Parameters:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge Line Temp: _______ °F</td>
<td>Liquid line Pressure: _______ PSIG</td>
<td>Suction Line Temp: _______ °F</td>
</tr>
<tr>
<td>Discharge Pressure: _______ PSIG</td>
<td>Discharge Sat. Temp: _______ °F</td>
<td>Suction Pressure: _______ PSIG</td>
</tr>
<tr>
<td>Discharge Sat. Temp: _______ °F</td>
<td>Liquid line Temperature: _______ °F</td>
<td>Suction Sat. Temp: _______ °F</td>
</tr>
<tr>
<td>Discharge Superheat: _______ °F</td>
<td>Subcooling: _______ °F</td>
<td>Suction Superheat: _______ °F</td>
</tr>
</tbody>
</table>

EVD Percent Level: _______ %  
High Pressure Cutout: _______ PSIG

Liquid Solenoid Valve: Yes: ☐  No: ☐  
Sight Glass Moisture Indicator Status: Green ☐  Yellow ☐

Compressor Unloader: Yes or No  
Suction Temperature (unloaded) _______ °F  
Amps (unloaded) L1 ___ L2 ___ L3 ___

Entering Air Temperature: _______ °F  
Exiting Air Temperature: _______ °F  

REGRIGERANT TYPE: ☐ R410A  ☐ R407A  
Charge: _______ Lbs _______ Oz

COMPRESSOR 2: Variable Speed: ☐  Fixed Speed: ☐

NOTE: Charge with compressor running at high only. When checking operating conditions allow the unit to run for 10 minutes before recording any readings. This will allow the refrigeration to stabilize, the coil to get wet, and the room conditions to stabilize).

Compressor oil sight-glass level before startup: _______ %
Crankcase heater temperature before start up: _______ °F
Compressor oil condition during the first 10 minutes of start-up _______ Clear  _______ Foam
Operating Amps: L1 _______ L2 _______ L3 _______

EVD Percent Level: _______ %  
High Pressure Cutout: _______ PSIG

Liquid Solenoid Valve: Yes: ☐  No: ☐  
Sight Glass Moisture Indicator Status: Green ☐  Yellow ☐

Compressor Unloader: Yes or No  
Suction Temperature (unloaded) _______ °F  
Amps (unloaded) L1 ___ L2 ___ L3 ___

Entering Air Temperature: _______ °F  
Exiting Air Temperature: _______ °F  
FIELD START-UP TEST SHEET
230 W. BlueRidge Ave, Orange, CA 92865
(714) 921-6000 Fax: (714) 921-6010
www.dataaire.com

FLOOR MOUNTED DIRECT EXPANSION SYSTEMS

Water cooled Heat Exchanger:
Supply Water Temper: __________ °F  Return Water Temper: __________ °F  Delta Temper: __________ °F
Supply Water Pressure: __________ PSIG  Return Water Pressure: __________ PSIG  Pressure Drop: __________ PSIG

REHEAT:
Type: Electric [ ]  Hot Water [ ]  Hot Gas [ ]  Steam [ ]  Other, Describe:______________________________
Operating Amps: L1 ________  L2 ________  L3 ________  High Temp Safety Operation: Yes: [ ]  No: [ ]

Water Valve/Energy Saver:
Energy Saver Cooling: Yes: [ ]  No: [ ]  Auxiliary Chilled Water Cooling: Yes: [ ]  No: [ ]
DC Volt Setting: __________  Modulate Open: Yes: [ ]  No: [ ]  Modulate Close: Yes: [ ]  No: [ ]
Actuator Model Number: __________  Valve Type: 2-Way [ ]  3-Way [ ]

HUMIDIFIER:
Steam Generator: Yes: [ ]  No: [ ]  Operating Amps: L1 ________  L2 ________  L3 ________
Water Level: _______ %  Capacity Setting: _______ %  Water Pressure Switch: Yes: [ ]  No: [ ]

The following items must be installed, checked, adjusted or verified, as required:
Remote Shutdown Jump: Yes: [ ]  No: [ ]
Filters Clean: Yes: [ ]  No: [ ]
Unit in Standby Alarm: Yes: [ ]  No: [ ]
Comp. # 1 High pressure Alrm: Yes: [ ]  No: [ ]
Water Detection Probe Alarm: Yes: [ ]  No: [ ]
No Airflow Alarm: Yes: [ ]  No: [ ]
Manual Override Alarm: Yes: [ ]  No: [ ]
Expansion Module: Yes: [ ]  No: [ ]
Pump Down: Yes: [ ]  No: [ ]
No Water Flow Alarm: Yes: [ ]  No: [ ]
Fan Motor Overload Alarm: Yes: [ ]  No: [ ]
Liquid Line Solenoid Valve: Yes: [ ]  No: [ ]
Hot-Gas Bypass Valve: Yes: [ ]  No: [ ]
Hot-Gas Bypass Solenoid Vlv: Yes: [ ]  No: [ ]
Humidistat & Temp sensor: Yes: [ ]  No: [ ]
HW Reheat Protection Sensor: Yes: [ ]  No: [ ]
Electrical Connections Tight: Yes: [ ]  No: [ ]
Disconnect Switch: Yes: [ ]  No: [ ]
Smoke Detector Magnet Test: Yes: [ ]  No: [ ]
System Leak Checked: Yes: [ ]  No: [ ]
Compressor VFD Fault Alarm: Yes: [ ]  No: [ ]
Underfloor Water Detection Alarm: Yes: [ ]  No: [ ]
Dirty Filter Alarm: Yes: [ ]  No: [ ]
High Condensate Water Alarm: Yes: [ ]  No: [ ]
Heat Exchanger Type: Plate Fin: [ ]  Cox: [ ]
Phase Loss Relay: Yes: [ ]  No: [ ]
AC Power Loss Cap: Yes: [ ]  No: [ ]
Fan Failure Alarm: Yes: [ ]  No: [ ]
Power Meter: Yes: [ ]  No: [ ]
Receiver: Yes: [ ]  No: [ ]
Condenser Aux. Contact: Yes: [ ]  No: [ ]
Discharge Air Sensor: Yes: [ ]  No: [ ]
CO2 Sensor: Yes: [ ]  No: [ ]
Copper Conductors Used: Yes: [ ]  No: [ ]
Dual Power ATS: Yes: [ ]  No: [ ]
INSTALLATION:
Unit Clearance: Front _____" Back _____" Right Side _____" Left Side _____"
Location of condenser: __________
Field Piping Size: Discharge Line: _________ "OD Liquid Line: _________ "OD
Total Field Piping Length: _________ Feet Discharge Check Valve Installed? Yes: ☑ No: ☐

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

Comments:
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Customer Acceptance:
Company Name: ____________________________________________________________
Company Representative: __________________________ Title: __________________________
Authorized Signature: __________________________ Date: _________________________

Start-Up Completed by:
Company Name: __________________________ Telephone: (_____) _____________________
Address: _____________________________________________________________________________
Startup Technician: __________________________ Date: _________________________________
Email: ________________________________________________