

# FIELD START-UP SHEET

230 W. BlueRidge Ave. Orange, CA 92865  
Phone: (714) 921-6000 Fax: (714) 921-6010  
[www.dataaire.com](http://www.dataaire.com)



## 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 CO<sub>2</sub> 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
Smoke Detector Magnet Test:	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: ( \_\_\_\_\_ )** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Start-Up Conducted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_