

FIELD START-UP TEST SHEETS

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gFORCE CHILLED WATER UNITS

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:

Job Number: _____ Model Number: _____ Serial Number: _____

STARTUP VOLTAGE:

Power Source # 1 A - B _____ A - C _____ B - C _____

Power Source # 2 A - B _____ A - C _____ B - C _____

STARTUP CONDITIONS:

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

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

FAN DATA:

Plug Fan Wheel Movement Free and Clear of any Debris? Yes: No:

Motor HP: _____ Motor KW: _____ Nameplate voltage: _____ Nameplate F.L.A.: _____

Fan Motor Voltage:

Fan#1 L1-L2 _____ V L1-L3 _____ V L2-L3 _____ V

Fan#2 L1-L2 _____ V L1-L3 _____ V L2-L3 _____ V

Fan#3 L1-L2 _____ V L1-L3 _____ V L2-L3 _____ V

Fan#4 L1-L2 _____ V L1-L3 _____ V L2-L3 _____ V

Fan#5 L1-L2 _____ V L1-L3 _____ V L2-L3 _____ V

Fan#6 L1-L2 _____ V L1-L3 _____ V L2-L3 _____ V

* If measurement device is available

Fan Motor Amp Draw:

L1 _____ A L2 _____ A L3 _____ A

L1 _____ A L2 _____ A L3 _____ A

L1 _____ A L2 _____ A L3 _____ A

L1 _____ A L2 _____ A L3 _____ A

L1 _____ A L2 _____ A L3 _____ A

L1 _____ A L2 _____ A L3 _____ A

Fan Speed:*

_____ RPM

_____ RPM

_____ RPM

_____ RPM

_____ RPM

_____ RPM

WATER VALVE:

Number of Valves: _____ Valve Type: 2-Way _____ 3-Way _____

Valve Size: _____ Valve Model Number: _____ Manufacturer: _____

Actuator Model Number: _____ Manufacturer: _____ DC Volt Setting: _____

Modulate Open: Yes: No: Modulate Close: Yes: No:

AUXILIARY COIL WATER VALVE:

Auxiliary Chilled Water Cooling: Yes: No: Valve Type: 2-Way _____ 3-Way _____

Valve Size: _____ Valve Model Number: _____ Manufacturer: _____

Actuator Model Number: _____ Manufacturer: _____ DC Volt Setting: _____

Modulate Open: Yes: No: Modulate Close: Yes: No:

CONDENSATE:

Pump: Gravity to Floor Drain: Condensate Trap: Yes: No:

Manufacturer: _____ Model Number: _____

Pump voltage: _____ Motor HP: _____ Motor KW: _____ Pump Motor F.L.A.: _____

Pumps? Yes: No:

REHEAT:

Type: Electric Hot Water Hot Gas Steam Other, Describe: _____

Operating Amps: L1 _____ L2 _____ L3 _____ High Temp Safety Operation: Yes: No:

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: <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"/>
Unit in Standby Alarm:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Water Detection Probe Alarm:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Dual Power ATS Test:	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/>	Underfloor Water Detection Alarm:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
No Airflow Alarm:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Dirty Filter Alarm:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Manual Override Alarm:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	High Condensate Water Alarm:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Phase Loss Relay:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Power Meter:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
No Water Flow Alarm:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	AC Power Loss Cap:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Fan Overload Alarm:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Fan Failure Alarm:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Humidistat & Temp sensor:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Discharge Air Sensor:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
HW Reheat Protection Sensor:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	CO2 Sensor:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Electrical Connections Tight Yes: No:

Copper Conductors Used: Yes: No:

Disconnect Switch: Yes: No:

Circuit Breaker: Yes: No:

INSTALLATION:

Unit Clearance: Front _____" Back _____" Right Side _____" Left Side _____"

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: _____