

Direct Gas-Fired Make-Up Air Unit Start-Up Report

Job Name:	Date:	
Address:	Model No.:	
City & State:	Order No.:	
Start-Up Check List "ALL ITEMS MUST BE CHECKED"		
	Serial No.:	
1. All shipping straps, braces, tie downs removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Unit installed level and secure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Gas burner properly located and aligned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Blower and motor alignment okay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Bearings aligned and tight on shaft/bearing supports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Electrical connections checked and secure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Gas piping checked, tightened if necessary, and free of leaks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Any visible damage to unit? Describe: _____ If damaged, was the damage repaired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Air inlet and discharge checked for obstructions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Bearings checked for proper lubrication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Filters in place and correct to direction of air flow?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Belt tension checked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Electric supply to unit: _____ Volts, _____ Hz, _____ Phase	<input type="checkbox"/> Done	
14. Gas supply to unit: _____ Natural, _____ Propane	<input type="checkbox"/> Done	
15. Gas supply pressure to unit: _____ " W.C., _____ PSIG	<input type="checkbox"/> Done	
16. Inlet and/or discharge dampers operating correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Blower rotation correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Blower speed: Hi Speed _____ RPM, Lo Speed _____ RPM	<input type="checkbox"/> Done	
19. Motor speed: Hi Speed _____ RPM, Lo Speed _____ RPM	<input type="checkbox"/> Done	
20. Is unit noisy? Excessive vibration? If so, has the problem been corrected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Motor voltage (High Speed): L1-L2 _____ V, L1-L3 _____ V, L2-L3 _____ V	<input type="checkbox"/> Done	
22. Motor amps (High Speed): L1 _____ Amp, L2 _____ Amp, L3 _____ Amp	<input type="checkbox"/> Done	
23. Pilot sensor amps: _____ Flame Rod, _____ UV, _____ μAmp, _____ Vdc	<input type="checkbox"/> Done	
24. Flame safeguard functioning correctly? Time required to go into lockout: _____ Seconds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Air flow proving switch and profile velocity differential pressure checked? Differential velocity pressure reading: High Speed _____ "w.c., Low Speed _____ "w.c. Outdoor air temperature at time of test: _____ °F	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Low fire check: Does burner light off smoothly and across full burner length? High fire check: Is flame clean and stable, and does flame modulate in response to temperature control(s)? _____ Burner manifold pressure reading: _____ "w.c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Gas input checked? At maximum firing rate: _____ Btu/Hr At minimum firing rate: - _____ Btu/Hr	<input type="checkbox"/> Done	
28. Burner by-pass and return air damper operating correctly (if provided)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name(s) of Customer/Owner instructed in operation and maintenance of unit: _____

Comments: _____

Start-Up Company Name: _____ Phone: _____

Signature: _____ Date: _____