

Project Name:

Date:

Address/Phone:

YES

NO

1. Are modules connected properly "per Codes and ClimaCool Installation Manual and completed Remote Condenser Warranty Agreement/Acknowledgement"?
(Installation, Operation & Maintenance (IOM) Manual is available at www.climacoolcorp.com).
2. Is there a 60-80 mesh strainer on the evaporator inlet water?
(Fill water to chiller being sure to pass through a minimum of 60 mesh strainer.)
3. Is chilled water system filled, flushed and all air purged from system?
(All air **must be** purged from system prior to startup. See Filling the Water System in IOM.)
4. Are all pumps tested and operational?
5. Are required GPM's (verified by pressure differential) supplied to the chiller?
(See project specifications or selection and performance sheets available from ClimaCool Sales Rep.)
6. Are the pressure differential flow sensors properly installed and wired to the CoolLogic controller?
7. Have all chiller coupling connections been leak tested?
8. Is water presently circulating through chiller?
9. Verified that temperature sensors and voltage/phase monitor have been installed?
10. Verified power supply agrees with chiller nameplate?
11. Are power and communication wiring complete to each module?
12. Verified that wiring and devices meet with approved electrical submittal drawings?
13. Is required load available to run multiple compressors at start-up?
14. Is condenser functional to maintain condenser required operation?
(This includes maintaining "minimum" inlet temperature. See "Operational Limitations" in IOM.)

Note: Air Cooled Condenser installation, charging and checkout by others.

If you checked "No" to any question above, provide the line reference number and the date of scheduled completion below. Please note **all conditions must be complete prior to the start-up date.**

* This form must be completed and submitted to ClimaCool Corp. **three (3) weeks** prior to final scheduling of any Start-up.

Note: If any of the above items are not complete at time of start-up, backcharges will be assessed for additional costs.

Contractor Name:

Address:

(Authorized Signature)

Phone:

Date: