

ABSOLUTAIRE FIELD STARTUP CHECK LIST
STANDARD CONTROL SYSTEM

Please Print

TODAY'S DATE _____ START-UP DATE _____ S/N _____

JOB NAME _____

JOB ADDRESS _____
(Street) (City, State, Zip)

JOB CONTACT: _____
(Name) (Phone)

- 1) ☐ VERIFIED THE GAS SUPPLY HAS BEEN CONNECTED TO THE UNIT AND TURNED ON BY THE UTILITY.
- 2) ☐ VERIFIED THE GAS SUPPLY PIPING HAS A DIRT OR DRIP LEG PRIOR TO THE UNIT CONNECTION.
- 3) ☐ VERIFIED A GAS PRESSURE REGULATOR HAS BEEN INSTALLED, IF REQUIRED.
- 4) THE GAS PRESSURE TO THE UNIT IS: _____ " WC, or _____ OZ. or _____ PSI
- 5) ☐ VERIFIED THE ELECTRICITY HAS BEEN CONNECTED TO THE UNIT AND TURNED ON BY THE UTILITY.
- 6) THE ELECTRIC SUPPLY VOLTAGE IS _____ V _____ PH _____ HZ _____ AMPS
- 7) ☐ VERIFIED THE REMOTE PANEL HAS BEEN MOUNTED AND WIRED PER THE ELECTRICAL SCHEMATIC (SEE THE O&M MANUAL FOR THE UNIT).

NOTE: INTERCONNECT WIRES #23 & 24 MUST BE SHIELDED CABLE (GROUNDED) IF RUN IN THE SAME CONDUIT WITH OTHER CONTROL WIRES.

8) OTHER _____

9) PLEASE PROVIDE DIRECTIONS TO THE JOB SITE FROM KALAMAZOO, MI. _____

10) JOBSITE CONTACT NAME AND PHONE NUMBER _____

11) COMMENTS: _____

THIS FORM MUST BE COMPLETED AND RETURNED TO ABSOLUTAIRE BEFORE A START-UP PERSON CAN BE DISPATCHED TO THE JOB SITE. FAX TO: 616-382-5291 Attn: Service. (PHONE 800-804-4000).

COMPLETED BY _____ COMPANY NAME _____

DATE _____ PHONE NUMBER: (_____) _____ FAX NUMBER: (_____) _____