

**GENERAL START-UP CHECKLIST**

**Start Up Procedures Checklist**

Site: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Building Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Date Performed: \_\_\_\_\_

Chiller Serial Number: \_\_\_\_\_

Chiller model Number: \_\_\_\_\_

**YES**

Chiller location allows proper air flow and accessibility for maintenance?

Chiller is anchored and supported according to spec's?

Chiller is not located near a heat source?

Field piping sized and installed according to spec's?

YES

Checked field strength and confirmed chiller is not located in a magnetic field?

Water level in reservoir is correct?

Glycol ratio is correct? (50/50 mix for outdoors)

Water/glycol level is within specification?

Correct voltage?

All refrigeration valves open?

Field wiring is correct and to print?

Electrical connections tight?

**START CHILLER**

Are pump and fan motors rotating in the correct direction?

Are amp draws within spec?

Any refrigeration leaks?

Are refrigerant pressures within spec (suction, discharge, superheat)?

Is remote control panel operating properly?

Are the flow and pressure readings on the filter interface panel within spec?

Optional heater installed?

Optional vibration pads installed?

**Materials used:**

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**Comments:**

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Customer Signature:

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Date:

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Contractor:

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Address:

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City, State, Zip:

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Phone/Fax:

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Contractor Signature:

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Date:

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Note: Please submit this form and Invoice to:

Dimplex Thermal Solutions  
Attn: Service Coordinator  
2625 Emerald Drive  
Kalamzoo, MI 49001-4542

Phone: (269) 349-6800  
Fax: (269) 349-8951