



# FILTRINE EQUIPMENT INSTALLER CHECKLIST

Your Filtrine chiller will be started up by a Factory Authorized Service Agent.

**UNAUTHORIZED STARTUP MAY VOID THE WARRANTY!**

Please complete this Installer Checklist and return it to Filtrine by fax (603-352-0330) or email (service@filtrine.com) at least 3 days prior to startup.

*Thank you for your cooperation!*

PROJECT NAME \_\_\_\_\_ PROJECT ADDRESS \_\_\_\_\_

CHILLER MODEL NO. \_\_\_\_\_ SERIAL NO. \_\_\_\_\_

## PRE STARTUP CHECKLIST FOR ALL MODELS

- 1] Clearances for chiller service, ventilation and access to control panel are adequate
- 2] Intake and exhaust ventilation is provided so that ambient temperature does not exceed chiller rating [see manual]
- 3] Electrical connections to the chiller are completed & power available is: Volts \_\_\_\_\_ Hertz \_\_\_\_\_ Phase \_\_\_\_\_
- 4] Inlet voltage is: L1-L2 \_\_\_\_\_ L1-L3 \_\_\_\_\_ L2-L3 \_\_\_\_\_
- 5] Branch circuit breaker and/or fuses rating: \_\_\_\_\_ amps  
NOTE: FLA may vary depending on options, See MCA and MOP ratings on as-built unit
- 6] Water piping to/from chiller [including QCP] is completed, including shut off valves and unions  
If not complete, a bypass arrangement has been provided
- 7] Water piping is leak-tested @ \_\_\_\_\_ psi, **DO NOT EXCEED 80 psi** within the chiller and QCP piping
- 8] Chiller is filled with water [If propylene glycol is required by specification, see Item No.1 under weather-resistant chillers below]. Note: Chiller pump should be used to help bleed air out of and to fill the loop
- 9] Compressor lockout still in place [our assurance that no attempt has been made to start unit]
- 10] Refrigeration service valves were left closed and not tampered with
- 11] Refrigerant receiver valves were left closed [our assurance that full factory charge is intact]
- 12] Chilled water loop is properly insulated
- 13] Interlock wiring between the chiller and remote accessories such as QCP, HTX and/or remote start/stop box [where supplied] is in place

## CHECKLIST FOR CHILLER WITH SPLIT SYSTEMS MODELS ARC or AR [In addition to above]

- 1] Installed refrigerant lines and service valves at indoor and outdoor section, evacuated lines holding vacuum down to 500 microns or lower  
ARC MODEL LINE SIZES: Suction \_\_\_\_\_ inches and Liquid \_\_\_\_\_ inches – Length \_\_\_\_\_ ft.  
AR MODEL LINE SIZES: Discharge \_\_\_\_\_ inches and Return \_\_\_\_\_ inches – Length \_\_\_\_\_ ft.
- 2] Refrigerant receiver valves were left closed [our assurance that full factory charge is intact]
- 3] Installer has provided extra amount [ \_\_\_\_\_ lbs] of refrigerant type [ \_\_\_\_\_ ] for the Start-up Agent to cover capacity of the refrigerant lines between the split sections
- 4] Control wiring from indoor section to outdoor section pulled, connected and tested
- 5] Inlet voltage is: L1-L2 \_\_\_\_\_ L1-L3 \_\_\_\_\_ L2-L3 \_\_\_\_\_
- 6] Branch circuit breaker and/or fuses rating: \_\_\_\_\_ amps  
NOTE: FLA may vary depending on options. See MCA and MOP ratings on as-built unit

## CHECKLIST FOR WEATHER-RESISTANT CHILLER

- 1] I have furnished and installed [ \_\_\_\_\_ ] gallons of propylene glycol – if required by specification – to provide [ \_\_\_\_\_% ] solution
- 2] For Glycol Free systems, furnished electrical connections from 115V backup lighting system

### AS INSTALLER, I UNDERSTAND THAT:

- 1] I should allow a minimum of [3] days after submitting checklist for startup to be scheduled.
- 2] When I have completed the items on the checklist, I will **FAX a signed copy to Filtrine Service at 603-352-0330 or EMAIL same to service@filtrine.com.**
- 3] Filtrine will notify us of the name of the Filtrine Authorized Startup Agent. We may then contact them to arrange for start up during normal working hours.
- 4] I will be required to submit a purchase order to the Startup Agent should they need to spend additional time at startup due to incomplete checklist items.
- 5] I am requesting that startup be scheduled on \_\_\_\_\_ 20 \_\_\_\_\_ at \_\_\_\_\_  AM  PM

Installer Name \_\_\_\_\_ Title \_\_\_\_\_

Signature – Required \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_ Tel \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_