



FILTRINE EQUIPMENT INSTALLER CHECKLIST

Your Filtrine drinking water chiller **cannot be started up** until this installer checklist has been completed.

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

Thank you for your cooperation!

PROJECT NAME _____ LOCATION _____

EQUIPMENT 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 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
- 8] Particulate and Taste Master® elements have been properly installed in the correct housing
- 9] Phosphate crystals are added to the fill line in the phosphate feeder
- 10] Quartz sleeve and UV bulb are properly installed
- 11] Chiller is filled with water
- 12] Compressor lockout still in place (our assurance that no attempt has been made to start unit)
- 13] Refrigeration service valves were left closed and not tampered with
- 14] Refrigerant receiver valves were left closed (our assurance that full factory charge is intact)
- 15] Chilled water loop is properly insulated
- 16] Interlock wiring between the chiller and remote accessories and/or remote start/stop box (where supplied) is in place

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 startup 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 _____