AbsolutAire Inc.

PRE START-UP CHECK LIST

(Checklist must be completely filled out and returned to AbsolutAire before start-up tech will be scheduled for the start-up) Return form to customerservice@absolutaire.com or fax to (269)382-5291			
Requested Start-up Date:	Serial Number:		
Job Address:	Job Name:		
	Contact Name:		
		(ph):	
1. Verify the gas supply has been connected to the un	nit and turned on by the utility	. (circle one) YES N/A	
2. Verify a gas pressure regulator has been installed ((if required). YES N/A		
3. The gas pressure at the unit inlet is:"w.c	c, <u>or</u> oz, <u>or</u>	psi.	
4. Verify the electricity has been connected to the un	it and turned on by the utility.	YES N/A	
5. The supply power to the unit is:V	PHHZ	Amps.	
6. A properly sized green <i>earth ground</i> wire is connected as a size of the si	ected to the ground lug located	l in unit's main electrical panel. YES NO	
7. On units with pressure controls, pressure tubing is	run as indicated on electrical	diagram and on tubing tags. YES N/A	
9A. Remote Control panel (shipped in unit nea 9B. Remote Controls (provided by others) are 9C. Interconnect wires # 23 & 24 are in a shiel from other control wires (if applicable). YES N/A	fully connected. ded cable and grounded at the		
10. DDC Controls; Network communications cable c	connected. IP address is	<u>or</u> N/A	
11. All wiring crossing unit field joints (on multiple s Motor connections have been checked and tighter			
12. All other shipped loose items have been installed	. YES N/A		
13. Discharge head (if installed). Louvers opened.	YES N/A		
	uring startup. before our start-up tech can be el, please allow at least two wo hnician(s) arrives, additional l vice group at (800) 804-4000 v	dispatched to the job site. eeks after completion of this form for abor and travel cost will be invoiced. with any questions.	
<u>Comments:</u>			
Completed By:			
Date: Phone Number:	Fax # o	r Email :	