

CADET START-UP CHECKLIST

Job Name: _____ Model Number: _____
 Address: _____ Serial Number: _____
 City: _____ ST: _____ Zip: _____ Start-up Date: _____

OVERVIEW

Retrofit New Project

How many units are installed at this location?
 Boiler(s): _____
 Water Heater(s): _____

Inspect gas pipe, regulator and meter sizing.

Is it sized correctly for the Btu/Hr requirement? Y N

GAS SUPPLY

Gas Pipe Dia. (in.): _____

Is there an inlet gas lockup regulator on the supply? Y N

If Yes, is it ten feet upstream from the appliance? Y N

Record in. of water column -
 Static Pressure: _____
 Dynamic Pressure: _____

WATER & ELECTRICAL

Water Pipe Dia. (in.): _____

At full fire, read and record -
 Inlet Temp: _____
 Outlet Temp: _____
 Delta T: _____

Supply VAC: _____
 Total Amp Draw: _____

COMBUSTION

Low Fire:

O₂ _____
 CO ppm _____
 CO₂ _____

High Fire:

O₂ _____
 CO ppm _____
 CO₂ _____

VENTING (Select the venting option being used)

- Vertical Direct Vent - two pipe vertical termination
- Horizontal Direct Vent - two pipe sidewall termination
- Concentric Vent Vertical - single pipe vertical termination
- Concentric Vent Horizontal - single pipe sidewall termination
- Vertical Vent w/ Sidewall Air - single pipe vertical termination w/ single pipe combustion air supply

Air Inlet Dia. (in.):	Air Inlet Material:	Total Eqv. Length (ft.):
_____	_____	_____
Flue Dia. (in.):	Flue Material:	Total Eqv. Length (ft.):
_____	_____	_____

Comments/Corrections needed for air inlet or vent piping:

WARNING ! This Startup Sheet is for use only by a qualified heating installer/service technician. Refer to the Installation and Operation Manual for your reference. Have this unit serviced/inspected by a qualified service technician, at least annually. Failure to comply with the above could result in severe personal injury, death, or substantial property damage.

CLEARANCES Measure and record (inches) the service clearances from the nearest obstruction (min. 24" required for service):

Front: _____ L Side: _____ Top: _____
 Rear: _____ R Side: _____

Comments/Corrections needed for service clearances:

General Job Notes: _____

START-UP PERFORMED BY:

Company: _____
 Name: _____
 Phone: _____

START-UP APPROVED BY:

Company: _____
 Name: _____
 Phone: _____

Send completed form to:
 Email: 2tech@Lochinvar.com
 Fax: (615) 882-2963
 Mail: Service Dept/Lochinvar
 300 Maddox Simpson Pkwy.
 Lebanon, TN 37090



Lochinvar®
 High Efficiency Water Heaters and Boilers

— The information on this form verifies operation of the Lochinvar product only. —
 This does not imply other system components or overall system operation is certified. Component and system verification should be performed by the designated commissioning agent or installing contractor.

Internal Use:
 S/O #: _____
 Routed: _____
 Tech: _____
 App: _____ Denied: _____