



START-UP SHEET Fan

Job Name _____

Job Number _____

Job Address _____

Section 5: Equipment Description

Spec. #:	Submittal #:	P&ID / Dwg #:
Area Served:		

Service Type: Supply ☐ Return ☐ Exhaust ☐ Other: _____

Data	Design	Actual On Site
Unit Tag #		
Manufacturer		
Model #		
Serial #		

Belt Description			
Size & Quantity			

Section 6: Equipment Pre-Installation Inspection

Step	Inspection Description	Yes	No	N/A	Performed By (Initials & Date)
6.2	Nameplate data matches vendor specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.3	All parts are received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.4	No visible signs of damage, leak, or defective parts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.5	Verify electrical service for correct voltage, current and thermal overload protection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.6	Operational and Maintenance (O&M) manual is available in the field.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Comments/
Observations** _____

**Performed By
(Therma)**

**Reviewed By
(Owner/Representatives)**

Print Name	Signature	Date



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Step	Inspection Description	Yes	No	N/A	Performed By (Initials & Date)
6.7	Start-up technicians have reviewed factory start-up procedures in the O&M manual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.8	If Therma provided a Variable Frequency Drive (VFD) that is controlling the fan, complete FN 8.029.1 VFD start up form.				

Section 7: Installation Inspection

Step	Inspection Description	Yes	No	N/A	Performed By (Initials & Date)
7.2	Unit is installed level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.3	Tag # is attached to the unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.4	Service clearance is adequate for maintenance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.5	All access panels and covers are in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.6	Vibration isolators are installed and adjusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.7	Ductwork and flex connections are connected and sealed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.8	Fan drive belt tension is correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.9	Sheaves are aligned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.10	Fan hub, sheaves and bearing setscrews are tight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.11	Motor and blower bearings are lubricated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.12	Electrical connections are secure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.13	Fan shaft bearings angular alignment is correct and bolts are tight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.14	Auxiliary drain pan is installed and its connections are piped.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments/
Observations

Performed By
(Therma)

Reviewed By
(Owner/Representatives)

Print Name	Signature	Date



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Section 8: Operational Inspection

Step	Inspection Description	Yes	No	N/A	Performed By (Initials & Date)
8.2	Unit vibration is acceptable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.3	Fan rotation is correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.4	Supply, return or exhaust air dampers are functional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.5	Fire dampers are functional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.6	Supply, return and outside air dampers are functional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.7	Smoke detector is tested and is able to shut the unit down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.8	Make sure thermostat is set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.9	Make sure time clock is set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.10	Record start up operating parameters in the Supplementary Forms (FN 8.028.2 or FN 8.028.3).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Record Start Up Operating Parameters

Data	Design	Actual On Site		
Unit Voltage				
Current				
Phase				

End of Section

Comments/
Observations

**Performed By
(Therma)**

**Reviewed By
(Owner/Representatives)**

Print Name	Signature	Date