



## START-UP SHEET Heat Exchanger

**Job Name** \_\_\_\_\_

**Job Number** \_\_\_\_\_

**Job Address** \_\_\_\_\_

### Section 5: Equipment Description

<b>Spec. #:</b>	<b>Submittal #:</b>	<b>P&amp;ID / Dwg #:</b>
<b>Area Served:</b>		
<b>Primary Service Type:</b>		
<b>Secondary Service Type:</b>		

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

### 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"/>	
6.7	Start-up technicians reviewed factory start-up procedures in the O&M manual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Comments/  
Observations** \_\_\_\_\_

**Performed By  
(Therma)**

**Reviewed By  
(Owner/Representatives)**

Print Name	Signature	Date



## START-UP SHEET Heat Exchanger

Step	Inspection Description	Yes	No	N/A	Performed By (Initials & Date)
6.8	Connections: Size and location match drawing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.9	Exchanger is clean and free of foreign matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 7: Installation Inspection

Step	Inspection Description	Yes	No	N/A	Performed By (Initials & Date)
7.2	Unit is installed per design.	<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	Orientation of inlet and outlet thermometers and pressure gauges are correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.6	Primary media relief valve is installed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.7	Secondary media relief valve is installed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.8	Drains and air bleeds are installed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.9	Sanitary design unit is completely drainable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.10	Insulation is per specification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.11	Bolts and studs are accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.12	Clamps, flanges and bolts are tight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.13	Unit has been leak tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 8: Operational Inspection

Step	Inspection Description	Yes	No	N/A	Performed By (Initials & Date)
8.2	Record the operating parameters.				

Comments/  
Observations

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Performed By  
(Therma)

Reviewed By  
(Owner/Representatives)

Print Name	Signature	Date



## START-UP SHEET Heat Exchanger

### Record Start Up Operating Parameters

Data	Design	Actual On Site
Primary Type Data:		
Outlet Pressure (PSI)		
Outlet Temp. °F(°C)		
Inlet Pressure (PSI)		
Inlet Temp. °F(°C)		
Secondary Type Data:		
Outlet Pressure (PSI)		
Outlet Temp. °F(°C)		
Inlet Pressure (PSI)		
Inlet Temp. °F(°C)		

**End of Section**

**Comments/  
Observations**

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**Performed By  
(Therma)**

**Reviewed By  
(Owner/Representatives)**

Print Name	Signature	Date