



START-UP SHEET Electric Humidifier

Job Name _____ Job Number _____

Job Address _____

Section 5: Equipment Description

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

Service Type: DI Water ☐ Steam ☐ Other: _____

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 field.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.7	Start-up technicians have reviewed factory start-up procedures in 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



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Section 7: Installation Inspection

ID	Inspection Description	Yes	No	N/A	Performed By (Initials & Date)
7.2	Unit is installed in approved room and properly protected from weather and drafts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.3	Unit is installed level on a concrete floor or non-combustible base.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.4	Tag # is attached to the unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.5	Service clearance is adequate for maintenance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.6	Proper earth ground is connected to green ground screw in panel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.7	Relief valve type, setting, and capacity are correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.8	System has been cleaned and treated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.9	Make-up water supply make-up has proper shut-off and back flow device.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.10	Drain valve is installed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.11	Temperature and pressure gauges are installed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.12	High limit and operating controls are installed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.13	Tube surfaces are inspected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.14	Make-up water pressure regulator is installed.	<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	Heating components perform per manufacturer's specification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.4	Control is sequencing and modulating humidification properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.5	Record start up operating parameters.				

Delta	Design	Actual			
		Section 1	Section 2	Section 3	Section 4
Voltage					
Current					
Phase					

Delta	Design	Actual			
		Section 5	Section 6	Section 7	Section 8
Voltage					
Current					
Phase					

END OF SECTION

Comments/
Observations

Performed By
(Therma)

Reviewed By
(Owner/Representatives)

Print Name	Signature	Date