

START-UP FORM FOR STEAM WATER HEATERS

Warranty coverage begins from the date of shipment. A Start-Up form must be submitted **within 14 days of start-up to verify ship date and maintain accurate records** to the [PVI Customer Care Department](#). Please include both the ship date and start-up date. Start-Up must be performed by qualified personnel.

PVI CUSTOMER CARE DEPARTMENT

PVI Industries LLC 425 W. Everman Pkwy Suite 101 Fort Worth, TX 76134 <i>*This Equipment Start-Up Form can also be completed and submitted electronically via our website at www.pvi.com. You will find it under the Service and Support menu, e-Forms section.</i>	Phone: 1-800-433-5654 Email: PVI-CustomerCare@wattswater.com Web: www.pvi.com
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Ship Date:		Start-Up Date:		Report Type:	Original Start-Up <input type="checkbox"/> Service Call <input type="checkbox"/>
Model Number				Serial Number:	
Installation Job Name					
Installation Address					
Installation Type:	New <input type="checkbox"/> Repl. <input type="checkbox"/> School <input type="checkbox"/>	Lodging <input type="checkbox"/> Hospital <input type="checkbox"/> Restaurant <input type="checkbox"/>		Other <input type="checkbox"/>	

PRE START-UP CHECKLIST

Inspect the unit for the following points as applicable and refer to the product Installation & Maintenance Manual prior to Start-Up. Note any deficiencies in the space provided at the end of the report.

GENERAL (Y / N / NA)	
Are system utilities adequate to meet the requirements on the water heater's rating decal?	
Is the unit damaged or are there any missing parts?	
Is there adequate clearance for proper operation & maintenance?	
Is the steam supply and condensate return piping properly supported with unions and isolation valves installed?	
Are all piping complete, connections tight, leak free and damage free?	

DOMESTIC WATER SYSTEM (Y / N / NA)	
T&P relief valve(s) piped to a suitable floor drain?	
Is the tank drain plumbed to a suitable floor drain?	
Expansion relief in the cold-water supply?	
Water softener on the cold-water supply?	
Mixing valve on the hot water supply?	
Is there a building recirculation loop piped to the water heater?	

BUILDING MANAGEMENT/AUTOMATION (Y / N / NA)	
Gateway installed?	
EMS Discrete Interface (Enable, Disable, Remote On-off)?	
EMS Communication Interface (Modbus, BACnet, etc.)?	
EMS connected to which field access terminals:	Field Wire Gauge:
EMS Brand (JCI, Siemens, etc.):	

START-UP FORM FOR STEAM WATER HEATERS (cont.)

ELECTRICAL & CONTROL REQUIREMENTS							(Y / N / NA)
Does the main power supply comply with the unit's nameplate specifications?							
Is the unit properly wired to an electrical disconnect or breaker?							
Are terminal screws and wires connected and are tight?							
Is voltage from Terminal L2 (Neutral) to the Ground Lug on the tank zero (0)?							
Nameplate Voltage	V:		Ø:		Hz:		
Measured Voltage (unit off)	V:		Ø:		Hz:		
Measured Voltage (unit on)	V:		Ø:		Hz:		

STEAM SYSTEM				(Y / N / NA)	
Static Steam Pressure (PSI):		Flow Steam Pressure (PSI):		Operating Steam Pressure (PSI):	
Is there a steam trap ahead of the water heater steam control valve(s)?					
Is there a steam strainer ahead of the water heater steam control valve(s)?					
Does steam flow stop completely when steam control valve is de-energized?					
Is there a steam trap in the water heater condensate line?					
Is there lift in the condensate return line before the receiver tank?					
Lift in feet (ft.):					

OPERATION				(Y / N / Check)	
Operating Set Point (°F):		Upper Operating Set Point (°F):		High-Limit Set Point (°F):	
Secondary Operating Set Point (°F):		Cold Water inlet Temp. (°F):		Hot Water Outlet Temp. (°F):	

NOTE: The information on this form verifies the operation of the PVI product only. This does not imply other system components or overall system operation is certified. The designated commissioning agent or installing contractor should perform ancillary equipment component and system verification.

COMMENTS

Start-up Performed By					
Company:					
Address:					
City:		State:		Zip:	
Email:		Phone:			
Name:					

Start-up Accepted By					
Company:					
Address:					
City:		State:		Zip:	
Email:		Phone:			
Name:					