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Lochinvar Aquas Pre-Startup Check List

The following checklist must be checked off and signed prior to dispatching service personnel to perform startup on equipment.

1. I have read and understand the installation and instruction manual for the appliance.
Initial here: _____ **Model #:** _____ **Serial #:** _____

2. Installation is complete and appliance is not connected to venting or piping system in any temporary fashion. **Initial here:** _____

3. If the appliance is to be operated during construction, provisions must be made to keep dust from entering the appliance. **Initial here:** _____
 Combustion air requirements according to manufacturer’s recommendations and AGA ANSI2223.1 of the National Fuel Code concerning gas fired appliances are met.

4. Gas Supply to the appliance is 4” – 14” w.c. and supply piping is sized appropriately to accommodate all appliances that it serves. All air is bled out of the gas line. **Initial here:** _____

5. Venting complies with installation and operation instructions in appliance manual.
 Other: Please indicate type of venting system _____
 * Be sure that the venting and combustion air systems are properly cleaned out and free of all debris/shavings prior to firing boiler. **Failure to do so could cause non-warrantable burner failures.** **Initial here:** _____

6. Piping is installed and sized according to manufacturer’s recommendations.
 Boiler Piping Size: _____ Manifold Piping Size (if applicable): _____

7. Pool Pump(s) are sized to manufacturer’s (or engineer’s) recommendations.
 Pump Manufacturer and Model Number: _____

8. Electrical Supply must comply with manufacturer’s recommendations. If system is controlled by BMS, it must be wired and operational for factory startup.
BMS Installer Initial here: _____

9. Review in detail page 5 of the manual on Pool Water Chemistry.

All the above information must be provided. If startup agent is dispatched and finds that the above conditions are not met and another visit by the agent is required to complete the startup, there will be an additional charge.

10. Please contact WMS Sales for any questions concerning this pre-startup check list.

Date: _____

Sign here: _____

Print Name here: _____