

# START-UP FORM FOR GAS (NON-CONDENSING) WATER HEATERS

## MAXIM – MAXIM Low NOx - TURBOPOWER® - TURBOPOWER® Low NOx MODELS



A Start-up Form must be completed for each unit installed on site. All completed Start-Up Forms must be returned to the PVI Customer Care Department **within 21 days from the date of Start-Up to activate warranty.** Start-up must be performed by qualified personnel.

### PVI CUSTOMER CARE DEPARTMENT

|  |   |
|--|---|
| PVI Industries LLC<br>425 W. Everman Pkwy.<br>Suite 101<br>Fort Worth, TX 76134  | Phone: 1-800-433-5654<br>Email: <a href="mailto:PVI-CustomerCare@wattswater.com">PVI-CustomerCare@wattswater.com</a><br>Web: <a href="http://www.pvi.com">www.pvi.com</a> |
| <p><i>* This Equipment Start-up Form can also be completed and submitted electronically via our website at <a href="http://www.pvi.com">www.pvi.com</a>. You will find it under the Service and Support menu, e-Forms section.</i></p> |   |

|                               |                              |                                |  |                                       |                                   |                                     |                                |
|-------------------------------|------------------------------|--------------------------------|--|---------------------------------------|-----------------------------------|-------------------------------------|--------------------------------|
| <b>Date:</b>                  |                              | <b>Report Type:</b>            | Original Start-Up <input type="checkbox"/> | Service Call <input type="checkbox"/> |                                   |                                     |                                |
| <b>Model Number:</b>          |                              | <b>Serial Number:</b>          |  |                                       |                                   |                                     |                                |
| <b>Installation Job Name:</b> |                              |                                |  |                                       |                                   |                                     |                                |
| <b>Installation Address:</b>  |                              |                                |  |                                       |                                   |                                     |                                |
| <b>Installation Type:</b>     | 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) |
|--|--------------|
| Is the electrical disconnect set to the "Off" position?                |              |
| Is the unit damaged or are there any missing parts?                    |              |
| Is there adequate clearance for proper operation & maintenance?        |              |
| Has the ductwork been properly connected and complete?                 |              |
| Have all shipped loose parts been installed? (sensors, hoods, filters) |              |
| Are all piping complete, connections tight, leak free and damage free? |              |

| WATER SYSTEM  | (Y / N / NA) |
|---|--------------|
| T&P relief valve(s) piped 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 GAS (NON-CONDENSING) WATER HEATERS (cont.)**

MAXIM - MAXIM Low NOx - TURBOPOWER® - TURBOPOWER® Low NOx MODELS

| 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: |  | ∅: |  | Hz: |              |
| Measured Voltage (unit off)   | V: |  | ∅: |  | Hz: |              |
| Measured Voltage (unit on)  | V: |  | ∅: |  | Hz: |              |

| GAS SUPPLY  |  |  |  | (Y / N / NA) |
|---|--|--|--|--------------|
| Type of Gas (NAT / LP):   |  | Gas Line Size and Material:                |  |              |
| Is there an intermediate lockup type gas regulator on the inlet gas supply? |  |  |  |              |
| Is this gas regulator externally vented?                                    |  |  |  |              |
| Distance from gas regulator to heater (ft.)                                 |  |  |  |              |
| Static Inlet Gas Pressure (in. WC: )  |  | High Gas Pressure Switch Setting (in. WC): |  |              |
| Flow Inlet Gas Pressure (in. WC):   |  | Low Gas Pressure Switch Setting (in. WC) : |  |              |

| COMBUSTION AND VENTILATION AIR  |   |                           |  | (Y / N / Check)          |
|---|---|---------------------------|--|--------------------------|
| Vertical Direct Vent  | (two pipe vertical termination)   |                           |  | <input type="checkbox"/> |
| Horizontal Direct Vent  | (two pipe sidewall termination)   |                           |  | <input type="checkbox"/> |
| Vertical Vent with Sidewall Air   | (single pipe vertical termination with single pipe combustion air supply) |                           |  | <input type="checkbox"/> |
| Vertical Vent with Room Air   | (single pipe vertical termination)  |                           |  | <input type="checkbox"/> |
| Horizontal Vent with Room Air   | (single pipe sidewall termination)  |                           |  | <input type="checkbox"/> |
| Air Inlet Duct Dia. (in.):  |   | Air Inlet Duct Material:  |  | Total Eqv. Length (ft.): |
| Is there a powered combustion air device, damper, or louver system?       |   |                           |  |                          |
| Which heater terminals is the powered combustion air device connected to? |   |                           |  |                          |
| Is direct-duct combustion air combined with other units?                  |   |                           |  |                          |
| Common duct size and length:  |   | Number of combined units: |  |                          |
| Flue Vent Dia. (in.):   |   | Flue Vent Material:       |  | Total Eqv. Length (ft.): |
| Is there a powered draft device in the flue system?                       |   |                           |  |                          |
| Which heater terminals is the powered draft device connected to?          |   |                           |  |                          |
| Is the flue vent combined with other units?                               |   |                           |  |                          |
| Common vent size and length:  |   | Number of combined units: |  |                          |

| BURNER COMBUSTION & ADJUSTMENT (For fixed rate burners, use High Fire column)            |  |                    |          |           |
|--|--|--------------------|----------|-----------|
| Burner Model No.:  |  | Burner Serial No.: |          |           |
|  |  |                    | Low Fire | High Fire |
| Operating Temperature Set Point (°F):  |  |                    |          |           |
| Pilot Gas Pressure (in. WC):   |  |                    |          |           |
| Manifold Gas Pressure (in. WC):  |  |                    |          |           |
| Carbon Dioxide CO2 (8% - 9 % NAT / 9.5-10.5 LP):   |  |                    |          |           |
| Oxygen O2 (5% - 7% NAT / 2% - 4% LP):  |  |                    |          |           |
| Carbon Monoxide CO (should not exceed 200 PPM):  |  |                    |          |           |
| Nitrogen Oxide NOx (%):  |  |                    |          |           |
| Vent Pressure (Range of negative .02 in. WC to negative .06 in. WC):                     |  |                    |          |           |
| Vent Pressure – Common Venting (must be assisted venting, maximum negative 0.25 in. WC): |  |                    |          |           |
| Net Vent Temperature (°F) – Gross vent temp minus ambient air temp:                      |  |                    |          |           |

