

CONDENSING BOILER START-UP FORM (REFER TO THE PRODUCT MANUAL FOR QUESTIONS REGARDING THE INSTALLATION AND OPERATION OF THIS PRODUCT) MODEL #: JOB NAME: ADDRESS: SERIAL #: ST: ZIP: \_\_\_\_\_ CITY: DATE: 

 □ Natural Gas
 Static Pressure (Unit Off):
 "wc

 □ LP Gas
 Dynamic Pressure (100% Fire):
 "wc

 GAS SUPPLY: Gas Pipe Diameter: \_\_\_\_\_ " (inches) Is there an inlet gas lockup regulator on the supply? Yes No If **Yes**, is it ten feet upstream from the appliance? Yes No, explain: COMBUSTION: High Fire: Low Fire: O<sub>2</sub>:\_\_\_\_ Excess Air: Excess Air: Stack Temperature: Stack Temperature: Supply Temperature: \_\_\_\_\_ °F Return Temperature: \_\_\_\_\_ °F Delta T \_\_\_\_\_ °F WATER: Supply Voltage: Total Amp Draw: \_\_\_\_ ELECTRICAL: **VENTING & AIR INTAKE:** Combustion Air: Vent: Material: \_ Material: \_\_\_\_\_\_ Refer to O&M Manual Diamenter: Sub-Total Su<u>b-Total</u> 90° SR Elbow: \_\_\_\_ Qty \_\_\_ ft / ea 90° SR Elbow: Qty 90° LS Elbow: Qty ft / ea ft 90° LS Elbow: Qty ft / ea

45° Elbow: Qty ft / ea

Horizontal Straight: Lgth 1 ft / 1ft

Vertical Straight: Lgth 1 ft / 1ft ft / ea 45° Elbow: \_\_\_\_\_ Qty ft / ea ft Horizontal Straight:
Vertical Straight: ft 1 ft / 1ft ft Lgth 1 ft / 1ft Lgth ft Total Equiv. Length: Total Equiv. Length: SR - Short Radius / LS - Long Sweep/Sanitary Elbow Notes (Refer to O&M Manual): 1. Make sure total equiv. length does not exceed max equiv. length shown in Manual. 2. Vent and combustion air terminals do not count towards total equivalent length. Vent / Air Termination: 3. Pressure drop for flexible polypropylene liner is 20% greater than for rigid pipe. Multiply ☐ Vertical Direct Vent measured flexible polypropylene line length by 1.2 to obtain equivalent length. ☐ Vertical Vent w/ Room Air 4. Max equivalent length of flexible polypropylene liner is 48 ft. Horizontal Direct Vent ☐ Horizontal Vent w/ Room Air 5. All elbows referenced are short radius. ☐ Vertical Vent w/ Sidewall Air Left Side: \_\_\_\_\_ Right Side: \_\_\_\_\_ CLEARANCES: Refer to O&M Manual Rear: NOTES / COMMENTS: START-UP PERFORMED BY: **START-UP APPROVED BY:** COMPANY: COMPANY: ADDRESS: ADDRESS: CITY: CITY:

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NAME:

PHONE:

NAME: \_\_\_\_\_ CONDSU240501