



CHILLER START-UP CHECKLIST

Α.	Project Information		
	*CUSTOMER/PURCHASER NAME	Phone #	
	*JOB/SITE NAME		_
	*ADDRESS		
	*CITYSTATE		
	*SITE CONTACT NAME		
	*INSTALLED BY		
	*SALESPERSON	Phone #	
	*START-UP PERFORMED BY	Phone #	
	Equipment Description Unit Model#: *Preliminary Check List		
	*Refer the Installation Manual for all necessary information. Conf	tact Cold Shot Chillers as needed.	
	*Chiller Switch Must Be In The Off Position Prior To Applying Pov	wer. Do Not Operate In Cooling Cycle	<u>.</u>
	*Chiller Requires The Power To Be Energized With The Chiller Sw To Start Up. All breakers must be On. This Is To Power The Cran		
	*Please Complete Sections A and B, If Cold Shot Chillers is to Pe Section A and B To Cold Shot Chillers Prior To Scheduling Startu		
1.	Is there ANY PHYSICAL DAMAGE? If YES, document issues, take photos, notify Cold Shot Chiller	<u>N/A</u> □YES □NO	
2.	Unit is installed level and properly supported	□YES □NO	
3.	, , , , ,	□YES □NO	
4.	. Chiller selector switch is in the OFF position	□YES □NO	
5.	Power supply agrees with the unit nameplate requirements	□YES □NO	

6.	Electrical power wiring is installed properly	□YES □NO
7.	Unit is properly grounded	□YES □NO
8.	Electrical circuit protection provided: Type:Size:amps	□YES □NO
9.	Remote Control/Status box is installed and wired properly	□YES □NO
	(Thermocouple wire must not be run in same conduit as voltage wires).	
10	Automatic city switchover is installed and wired properly	□YES □NO
11.	For Split Systems (Remote Condenser and Condensing Unit): (Refer to Insta	
	a. All refrigerant circuit piping installed, evacuated, dehydrated	□YES □NO
	b. Refrigerant circuit charged accordingly	□YES □NO
12.	All refrigerant circuit valves are open (as indicated)	□YES □NO
13.	All fluid piping is connected properly and checked for leaks	□YES □NO
14.	All fluid circuit valves are open (as needed)	□YES □NO
15.	Fluid added to the system and air has been purged, as capable	□YES □NO
	a. If outdoor ambient is or can be below 32°F (0°C) then this item wil	I have to be completed
	to provide cooler freeze protection to -20°F (-29°C). Recommend	that any outdoor piping
	be wrapped with electric heater tape and insulated as needed.	
	Freeze protection solution type/concentration%	to% water
	Proper loop freeze protection provided to∘F.	□YES □NO
16.	Crankcase heaters operational	□YES □NO
	(Power must be on 24 hours before starting the compressors on all units with	crank case heaters.)
17.	Will a heat load be available for chiller startup?	□YES □NO
18.	Provide page 1 and 2 of Startup Checklist to Cold Shot Chillers	□YES □NO

*On the day of the startup, a site qualified p circuit of the system. The person should u equipment, valves, etc to permit the systen	nderstand the process and be able to o	perate any
*To ensure the system operates as designed	ed, a heat load will be required during s	tartup process.
*Cold Shot Chillers is not permitted to oper an approved customer representative.	rate any system components without w	ritten consent by
Print/Sign - Customer Representative	Company Name	Date

C. Unit Start-Up (Refer to the Installation and Operations Manual) 1. Compressor oil level is correct □YES □NO 2. Verify compressor mounting vibration dampeners □YES □NO All terminals and plug assemblies are tight □YES □NO 4. Unit free of detectable leaks. (Locate, repair and report any refrigerant leaks) ☐YES ☐NO 5. Voltage is within unit nameplate range □YES □NO 6. Check voltage imbalance: Line Voltages = L1 to L2 _____V L1 to L3 _____V L2 to L3 V Average Voltage = (L1-L2 + L1-L3 + L2-L3) / 3 = _____V Maximum Deviation (voltage difference) From Average Voltage = ΔV Voltage Imbalance = (Max. Deviation / Average Voltage) X 100 = ____ Voltage Imbalance Less Than 2%? □YES □NO (Do Not Start Chiller If Voltage Imbalance is greater than 2%. Contact local utility for assistance.) 7. Control transformer primary connection set for proper voltage □YES □NO Control transformer(s) secondary voltage: (24/120VAC) _____ VAC / ____ VAC START AND OPERATE MACHINE 8. System motors are operating in the correct rotation (A-B-C) □YES □NO 9. Check refrigerant and oil charge □YES □NO 10. Record operating temperatures and pressures (Enter in Data Section) □YES □NO 11. Record compressor(s) motor current (Enter in Data Section) □YES □NO 12. Record fan(s) motor current (Enter in Data Section) □YES □NO □YES □NO 13. Record pump(s) motor current (Enter in Data Section) 14. Chilled water flow switch is operational □YES □NO 15. Check system for leaks (fluid and refrigerant) □YES □NO □YES □NO ____ 16. Verify sequence of operation 17. Provide operating instructions to owner's personnel □YES □NO _____ Hrs. (Note the names of all personnel at end of this document) Instruction time

OPERATING DATA:

ide

Suction Pressure

L2

Record the following information from the pressures and temperatures modes when machine is in a stable operating condition.

psig

CIRCUIT B

psig

PRESSURE/TEMPERATURES ----- All readings taken at full load. CIRCUIT A

	L1		В	L 1	4		В
	PUMPS	Chiller Pump(s			Process	Pump(s)	
	L3						
	L1 L2						_
	CONDENSER FAN 1	2	3	4	5	6	7
	Crankcase Heater						
	L2 L3			_ L2			
	L1 L2			_ L1			
	COMPRESSORS A1	A2	A3	B1		32	B3
	CURRENTS All readings	taken at full loa	ıd.		B Ci	rcuit	
	Percent Total Capacity			<u></u> %			%
	Setpoint Value (SV)			°F			°F
, 4111	Process Value (PV)			' °F			' °F
	bient Temperature (condenser)			°F			°F
Cooler	Leaving Fluid Temperature Flowrate			°F gpm			°F gpm
<u>e</u>	Entering Fluid Temperature			°F			°F
၁	Differential Pressure			Δ psig			Δ psig
l mo	– Low side			psig			psig
Compressor	Oil Pressure – High side			psig			A F
sor	Discharge Line Temperature Compressor Superheat			°F Δ°F			°F Δ°F
_	Condenser Subcooling			Δ°F			Δ°F
High (Actual Temperature			°F			°F
Side	Saturation Temperature			psig			psig
a)	Head Pressure			psig			psig
ا ا	Actual Temperature Evaporator Superheat			Γ Δ°F			
Low Side	Saturation Temperature			°F °F			°F °F
용	Suction Flessure			pag			paig

L2

NAMES OF TRAINED PERSONNEL:		
COMMENTS:		
SIGNATURES:		
Print/Sign - Startup Technician	Company Name	Date
Fillivoigh - Startup Technician	Company Name	Dale
Print/Sign - Customer Representative	Company Name	Date
Time Olgit Guotomor Roprosomative	Company Hame	Date
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PLEASE SEND COPT TO CO KEEP COPY OF THIS RECORD AVAILABLE FOR R		ERSONNEL.
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Finitionight - Cold Shot Chillers Sales Rep	Company Name	Date