

# LIEBERT SMALL SYSTEMS

Please complete this form and return to ThermFlo at <u>startups@thermflo.com</u> so that the start-up can be scheduled. If you have any questions on the installation, email us. We want to you to do a great job installing.

#### **IMPORTANT!**

At the time of start-up, it is required that:

## **Installing Contractor:**

- The installing contractor must be on site and ready to assist in the start-up.
- Installing Contractor is responsible for opening all valves and powering up units.
- Liebert manuals must be used to ensure proper installation and start-up of the unit, then given to the end-user as reference for proper maintenance and operation in the future.

### Refrigerant / POE Oil

• If refrigerant is needed, it must be on site and ready to be used. We do not provide or install refrigerant or POE oil. To calculate your refrigerant charge and POE oil charge, please reference installation manual.

#### Reschedule Fee:

• If your technician(s) are still completing work when we arrive on site to complete Start Up, we will deem your equipment not ready for Start Up and you will be subject to the reschedule fee.

If the equipment is not ready when the tech arrives on site for start-up (see installer checklist on pg. 3), there will be a **\$350.00** charge to reschedule. Purchase order or credit card information must be provided before the start-up can be rescheduled.

Requested Start-Up Date:

Start-ups must be scheduled with a start time of 8:00 A.M., Monday through Friday, with at least 72 hours notice.

Overtime rates will apply for start-ups performed outside of business hours.

Safety Requirements:										
☐ High Visibility Safety Vest	☐ Hard Hat	□ Safety Training or Building Orientation	☐ Certificate of Insurance							
Additional Information:										

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### POWERING BUSINESS AS USUAL.

# **Installing Contractor Information (Required) On-Site Contact Name: Company Name:** Requested By Name: **Company Address:** Requested By Phone No: **On-Site Contact Phone No.:** City, State, Zip: Requested By Email: On-Site Email: Site/Owner Information and Location of Unit (Required for Warranty Registration and Maintenance) **Site Company Name: Unit Location: Site Address: Contact Name: Contact Phone No.: Contact Email:** Site City, State, Zip:

Sales Order No.	Unit Model	Model No.	Serial No.



## POWERING BUSINESS AS USUAL.

	Installer Checklist										
	Inspect and Confirm the Following Has Been Completed Per Installation Manual:										
General:											
	Power wiring to units and condensers is complete	☐ Unit(s) ir	tection is wired nstalled per		Water supply to humidifier is connected		Proper access to the unit is ensured				
	Control wiring to wall box controller is complete	installati	on manual		Drain piping is complete						
	Air-Cooled Units:	(	Glycol Units:		Water-Cooled Units	Ch	illed-Water Units:				
	Control/interlock wiring to condensers is complete Refrigerant piping has been	☐ Control/i the units pumps is	nterlock wiring to s, dry coolers and s complete		Refrigerant piping installed, leak checked, evacuated and charged (If		Chilled water supply and return has been				
	leak checked, evacuated and charged  Quick connect coupling must be connected	been lea	iping installed, has it ak checked, ed and charged?		applicable)  Quick connect coupling must be connected (if applicable)		connected				
	Additional refrigerant on site & accessible to Start-Up technician	☐ Quick cobe conno	onnect coupling must ected return piping and the		Condenser water supply and return piping has been connected						
			ers are filled with nd vented		Valves are ready to be opened						
Other Products Installed At This Site:  Under Detection Condensate Pumps											
Order Options That Require Programming											
	Programming of IS-Unity Cards		# Of Cards:								
	CMS Card										
	Auto Changeover Panels		# Of Panels:								
	*VNSA Network Switch		# Of Units:								
* Network cabling must be installed prior to programming. We do not install cabling or connectors.  Special Instructions:											
	Owner Training Information										
Site Contact:		Phone Number		Email:							
When would you like to schedule training?		Date	<b>)</b>	Time							

## Thank you!

ThermFlo Service Coordinators I Phone: 847-353-5353 Please send completed form to: **startups@thermflo.com** 

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