

REQUEST FOR START UP

To request start up, please complete ALL information below. Fax to Legacy Chiller Systems at least <u>TEN</u> days prior to commissioning date at 240-214-8303. If you have any questions regarding start up, call toll free: 1-877-988-5464.

Note: Failure to return this form to Legacy Chiller Systems could void or delay warranty service and/or delay technical support.

Planned start up date:	Time:
	Chiller Model Number
	Chiller Serial Number
is needed, please notify Legacy Chiller Sys this request, Legacy Chiller Systems (USA	t up of the unit by a factory trained representative is available. If this service tems (USA) at least ten days prior to the anticipated commissioning date. Upon will provide a written expense budget to provide this service.
	With Power OFF
The unit is in pl	
Electrical is con	nected Itage has been verified. See units nomenclature
***	wer (To Disconnect) has been balance checked
	(if applies) are installed
	lies have been filled with water
	spin freely. (air-cooled only)
	let has been reviewed for proper installation requirements
Glycol has bee	n added to the system. Freeze point is confirmed at F
	or outdoor commissioning and there is a possibility of freeze, DO NOT leave emponents may occur. In these cases glycol should be added prior to commissioning and there is a possibility of freeze, DO NOT leave
Signed	Date
Name (please print)	Company
Contact person	Phone
Full address of installation site:	•

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