

Startup and Warranty Registration Form (Water-Cooled) UGW

Sign, date and E-mail to: technicalsupport@climacoolcorp.com or
Fax: 405.815.3052 Attn: Technical Support

Ambient Temp: _____ Page 1 of 1

Project Name: _____
Address: _____
City/State/Zip: _____
Start-up Date: _____

Contractor Name: _____
Address: _____
City/State/Zip: _____
Phone No.: _____

Module

Model No.: _____
Serial No.: _____
Chiller No.: _____ Bank No.: _____

Compressor

Model No.: _____
Serial No. 1: _____
Serial No. 2: _____

Bank Water Pressures Entering / Leaving

Evaporator: _____ / _____ Δ P
Condenser: _____ / _____ Δ P

Water Samples Taken (Mark "X")

Evaporator: Yes N/A
Condenser: Yes N/A

Evaporator & Condenser "flow devices" shut off chiller below 25% loss of flow: Yes

**For initial MANDATORY water samples, bottles are provided.
Follow instructions on label and mail the same day sample is taken.**

- ▶ **All wiring terminations** in module panel, safeties and compressors tightened: Yes No
M4-1.4lb/ft M6-4.4lb/ft M8-7.3lb/ft M10-14.7lb/ft M12-29.5lb/ft
- ▶ **Rotation of Screw Compressor is correct:** Yes No

Voltage / Ground

L1 _____ L2 _____ L3 _____
Low Voltage (24V): _____

Phase / Phase

L1/L2 _____ L2/L3 _____ L1/L3 _____

Compressor Circuit #1

Amperage: L1 _____ L2 _____ L3 _____
Sight Glass Oil Level: _____
Suction Pressure: _____
Suction Temperature: _____
Compressor Superheat: _____
Discharge Pressure: _____
Discharge Gas Superheat: _____
Liquid Line Temperature: _____
Liquid Subcooling: _____
Evaporator Entering Water Temperature: _____
Evaporator Leaving Water Temperature: _____
Condenser Entering Water Temperature: _____
Condenser Leaving Water Temperature: _____
Evaporator Pressure Differential: _____
Condenser Pressure Differential: _____

Misc. Checklist

Oil Temperature, must be at least 68~F (20~C) before starting, below Oil Sight Glass and exceed the ambient temp by 20°: _____
Setting and Function of Safety and Protection Devices: _____
Setting of Time Relays: _____
Cut-out Pressure High & Low Pressure Limiters: _____
Shut-off Valves Open: _____
Software Version: _____

▶ **Verify Safety Setting Limits:**

Low Temp: <input type="checkbox"/>	High Pressure: <input type="checkbox"/>	Low Pressure: <input type="checkbox"/>
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Rep Signature: _____ Print Name: _____
E-Signature: Check Box (Authorized Signature)