

Start Up and Commissioning Report

INSTALLATION INFORMATION	
CUSTOMER	Name: _____ Tel. Number: _____
	Address: _____
INSTALLER	Name: _____ Tel. Number: _____
	Address: _____
Site Address: _____	Date Installed: _____
Model: _____	Serial Number: _____

CIRCUIT TEMPERATURE SETTINGS	
Supply Air Temperature	_____ °C
Return Air Temperature	_____ °C
Suction Temperature	_____ °C
Discharge Temperature	_____ °C
Condenser Coil Temperature	_____ °C
Ambient Temperature	_____ °C

INDOOR FAN SETTINGS		OUTDOOR FAN SETTINGS	
Indoor Fan Current	_____ Amps	Outdoor Fan Current	_____ Amps
Indoor Fan Airflow	_____ l / s		
Indoor Fan PWM	_____ %		
Set Static	_____ Pa		

Check No Active Error Codes on the Unit	Checked: <input type="checkbox"/>
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Date Checked:	_____
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