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FTXL Pre-Startup Check List

The following checklist must be checked off and signed prior to dispatching service personnel to perform startup on equipment.

1. I have read and understand the installation and instruction manual for the appliance.
Initial here: _____ **Model: FTXL** _____ **Serial #:** _____

2. Installation is complete and appliance is not connected to venting or piping system in any temporary fashion. **Initial here:** _____

3. If the appliance is to be operated during construction, provisions must be made to keep dust from entering the appliance. **Initial here:** _____
 Combustion air requirements according to manufacturer’s recommendations and AGA ANSI2223.1 of the National Fuel Code concerning gas fired appliances are met.

4. Gas Supply to the appliance is 4” – 14” w.c. and has been checked. Supply piping is sized appropriately to accommodate all appliances that it serves. **Initial here:** _____

5. Venting complies with installation and operation instructions in appliance manual. Indicate type of venting system: Engineered Common Vent System _____. Individually Vented _____.
 Installation complete. **Initial here:** _____

6. Piping is installed and sized according to manufacturer’s recommendations.
 Boiler Piping Size: _____ Manifold Piping Size (if applicable): _____

7. Boiler Pump(s) are sized to manufacturer’s (or engineer’s) recommendations.
 Boiler Pump Manufacturer & Mode Number: _____
 Or, full flow piping design. Installed and operational. **Initial here:** _____

8. Electrical Supply must comply with manufacturer’s recommendations. If system is controlled by BMA, it must be wired and operational for factory startup.
BMS Installer Initial here: _____
Electrical Contractor Initial here: _____

All the above information must be provided. If startup agent is dispatched and finds that the above conditions are not met and another visit by the agent is required to complete the startup, there will be an additional charge.

9. Please contact WMS Sales for any questions concerning this pre-startup check list.
Date: _____
Sign here: _____
Print Name here: _____