## **Pre-Startup Checklist**

## **Medical Chillers**



| Please Complete One Form Per Unit   |   |
|---|---|
| Facility Name:  |   |
| Address:  |   |
| KKT Produce (SN):   |   |
| KKT Model:  |   |
| The checklist below indicates the <i>minimum</i> requirements that must be completed by the chiller. The chiller must be installed considering all applicable safety practices as defined by OSHA manager. Please refer to the KKT chillers Installation and Operation manual for further techniques.   | A. Each item must be verified by the project  |
| This form must be completed and returned to KKT chillers via email <a href="mailto:support@kkt-chillersusa.co">support@kkt-chillersusa.co</a> requested startup visit. Otherwise, an additional expedite fee will apply.  | m no less than 5 business days before the   |
| Note: All Startup visits will be scheduled to be performed during regular office hours &  | BAM - 5 PM Monday through Friday.   |
| Please place a checkmark in the left column once each item has  | been completed.   |
| Chiller install location provides adequate clearance for airflow and access in chiller manual.  | ibility for maintenance as specified  |
| Chiller has been mounted, anchored and supported per specifications in chille   | er manual.  |
| Chiller location is not near any other heat sources (i.e.: condenser exhaust, ve  | neration ducts, heating exhaust, etc.).   |
| Configuration of the fluid piping must adhere to the specifications included in the model of piping: 1-1/2" 2" 2-1/2" Approx. Length of pipe in the model of piping: 1-1/2" 2" 2-1/2" Approx. Length of pipe in the model of piping: 1-1/2" 2" 2-1/2" 2-1/2" Approx.  | nanual (i.e. pipe sizing and material).   |
| All piping connected to the chiller has been leak tested and flushed clean with   | n water prior to connecting to the chiller.   |
| Adequate Glycol (KKT protect) and water available on site (near chiller) to insufor standard installations, maximum of 50% for installations in regions with lo responsible for filling system. <b>Note:</b> Only Distilled, Reverse Osmosis or De-mir  | w ambient temperatures). KKT  |
| Incoming power service connection to the chiller matches the power requirem   | ents shown on the chiller data plate.   |
| All field wiring connections verified and match prints. All wiring terminations has   | ave been checked for loose connections.   |
| Remote panel mounted in control room. Conduit installed and provided cabl long distance remote cable (100M (328')) must be ordered and installed (KM  |   |
| Power must be supplied to the chiller crankcase heaters for a minimum of 8 h  Note: Power must be supplied to the unit and main chiller disconnect  |   |
| Chiller visually checked for any signs of shipping damage (i.e.; damaged cratin   | ng, bent panels, fluid leaks, etc.).  |
| Automatic air-bleeder valves must be installed at highest point of the site pipil   | ng to allow air to escape from the system.  |
| Comments:   |   |
| By signing below, you acknowledge that you have personally verified each item o accordance with the installation instructions and technical specifications provided in the manual. Additionally, you acknowledge that any delays caused due to incresponsibility. Failure to complete any items on this checklist may result in the charges. Any additional charges incurred as a result of incomplete items are your res | ne KKT chillers Installation and Operation complete or incorrect items are your need for additional visits and additional |
| Name of Site Manager: Company Name:   |   |
| Signature of Site Manager: Phone Number:  |   |
|   |   |

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