

Pre-Startup Checklist



Please Complete One Form Per Unit

Facility Name: _____

Address: _____

KKT Produce (SN): _____

KKT Model: _____

The checklist below indicates the *minimum* requirements that must be completed by the chiller installer prior to the scheduled chiller startup. The chiller must be installed considering all applicable safety practices as defined by OSHA. Each item must be verified by the project manager. Please refer to the KKT chillers Installation and Operation manual for further technical specifications.

This form must be properly completed and returned to KKT chillers via email support@kkt-chillersusa.com. Once received chiller commissioning will be scheduled to be performed **within 10 business days** or otherwise mutually agreed.

Note: All Startup visits will be scheduled to be performed during regular office hours 8AM - 5 PM Monday through Friday.

Please place a checkmark in the left column once each item has been completed.	
<input type="checkbox"/>	Chiller install location provides adequate clearance for airflow and accessibility for maintenance as specified in chiller manual.
<input type="checkbox"/>	Chiller has been mounted, anchored and supported per specifications in chiller manual.
<input type="checkbox"/>	Chiller location is not near any other heat sources (i.e.: condenser exhaust, ventilation ducts, heating exhaust, etc.).
<input type="checkbox"/>	Configuration of the fluid piping must adhere to the specifications included in the manual (i.e. pipe sizing and material). Please indicate size of piping: <input type="text"/> Number of long radius elbows (one way) <input type="text"/> Approx. length of pipe run (one way) <input type="text"/> ft / m Vertical height difference between chiller and process being cooled <input type="text"/> ft / m
<input type="checkbox"/>	All piping connected to the chiller has been leak tested and flushed clean with water prior to connecting to the chiller.
<input type="checkbox"/>	Adequate Glycol (KKT protect) and water available on site (near chiller) to insure proper glycol concentration (37% for standard installations, maximum of 50% for installations in regions with low ambient temperatures). KKT is responsible for filling the system. Note: Only Distilled, Reverse Osmosis or De-mineralized water should be used.
<input type="checkbox"/>	Incoming power service connection to the chiller matches the power requirements shown on the chiller data plate.
<input type="checkbox"/>	All field wiring connections verified and match prints. All wiring terminations have been checked for loose connections.
<input type="checkbox"/>	Remote display panel (if equipped) mounted, conduit installed and provided cable run. If length exceeds 50m (164'), a long distance remote cable (100m (328')) must be purchased / installed (KKT# M506106). Splicing is <u>not</u> allowed.
<input type="checkbox"/>	Power must be supplied to the chiller crankcase heaters for a minimum of 8 hours prior to arrival of service technician. Note: Power must be supplied to the unit and main chiller disconnect must remain in the ON position.
<input type="checkbox"/>	Chiller visually checked for any signs of shipping damage (i.e.; damaged crating, bent panels, fluid leaks, etc.).
<input type="checkbox"/>	For closed (pressurized) fluid systems only , automatic air-bleeder valves must be installed at highest point of site piping to allow air to escape from the system.

Comments: _____

By signing below, you acknowledge that you have personally verified each item on this checklist has been completed in accordance with the installation instructions and technical specifications provided in the KKT chillers Installation and Operation manual. Additionally, you acknowledge that any delays caused due to incomplete or incorrect items are your responsibility. Failure to complete any items on this checklist may result in the need for additional visits and additional charges. Any additional charges incurred as a result of incomplete items are your responsibility.

Name of Site Manager: _____

Company Name: _____

Signature of Site Manager: _____

Phone Number: _____

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