

**Recommended Start-Up/Performance Check Form**

It is important that we understand and are prepared for the job conditions prior to our visit. To avoid any confusion and possible charges for a second start up attempt, please check off the items which apply and return promptly. Any requests for service outside that which is factory specified in the start up will be the responsibility of the customer and/or dealer requesting such service.

Equipment has or will be demonstrated by an authorized factory representative. Please note that we are not trained to demonstrate equipment.

**Recommended Start-Up Request**

Dealer: \_\_\_\_\_ Job Name: \_\_\_\_\_  
Contact: \_\_\_\_\_ Address: \_\_\_\_\_  
List Manufacturers or see below: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_  
List Models or see below: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Contact: \_\_\_\_\_  
List One of the Following: Invoice# : \_\_\_\_\_ PO# : \_\_\_\_\_ Acknowledgement# : \_\_\_\_\_  
Date of Installation: \_\_\_\_\_ Installed By: \_\_\_\_\_  
Preferred day/time for start-up: \_\_\_\_\_ Cert. of occupancy: Yes \_\_\_\_\_ No \_\_\_\_\_

Utilities hooked up and operating: (check those that apply)

- Gas: Yes \_\_\_\_\_ No \_\_\_\_\_
- Elec: Yes \_\_\_\_\_ No \_\_\_\_\_
- Steam: Yes \_\_\_\_\_ No \_\_\_\_\_
- Water: Yes \_\_\_\_\_ No \_\_\_\_\_

Supplied voltage and phase match nameplate: Yes \_\_\_\_\_ No \_\_\_\_\_  
Exhaust hoods and fire suppression system tested: Yes \_\_\_\_\_ No \_\_\_\_\_  
Fryers have been boiled out and oil is available for testing: Yes \_\_\_\_\_ No \_\_\_\_\_

I verify that the information above represents that this project is ready for start-up.

Company: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Recommended Performance Check Request**

Dealer: \_\_\_\_\_ Job Name: \_\_\_\_\_  
Contact: \_\_\_\_\_ Address: \_\_\_\_\_  
List Manufacturers or see below: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_  
List Models or see below: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Contact: \_\_\_\_\_  
List One of the Following: Invoice# : \_\_\_\_\_ PO# : \_\_\_\_\_ Acknowledgement# : \_\_\_\_\_  
Date of Installation: \_\_\_\_\_ Installed By: \_\_\_\_\_  
Date unit was put into service: \_\_\_\_\_ Hours per day of operation: \_\_\_\_\_  
Preferred day/time for check out: \_\_\_\_\_  
Please list any problems or concerns with equipment: \_\_\_\_\_  
\_\_\_\_\_

I verify that the information above represents that this project is ready for performance check.

Dealer: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

Supported By:

