



## **TrilliumSeries™ Condenser Pre-Startup Requirements**

BAC U Number:		Site Address:		
Number of Units:		City:		
Store/Site Name:		State:		
Installing		Zip:		
Contractor:		·		
Primary Site		Requested		
Contact Name:		Commissioning		
		Date:		
Primary Site		Primary Site		
Contact Number:		Contact Name (Phone		
		Name/Phone number:		
Primary Site Contact		Communications		
Email:		Card (y/n) and		
		Type:		
Rack/System		Make up water		
Controller brand:		line pressure:		
This is a checklist outlining all the on-site requirements for commissioning services to take place.				
The Tall' are common to the control of the state of the s				
☐ The TrilliumSeries™ Condenser is set in place and leveled in both the X and Y planes				
☐ The voltage shown in the unit's nameplate matches the site's voltage connected to the unit				
☐ All power and c	☐ All power and control wiring is final and approved by the site electrician			
☐ All foreign object	All foreign objects (including metal shavings) have been removed from the control panel and the unit's interior			
☐ Make-un water	Make up water line is connected and the pining diameter and cumply water procesure most the unit's appointment			
	Make-up water line is connected and the piping diameter and supply water pressure meet the unit's specification (see Part 3 of the Rigging, Installation, Operation & Maintenance Manual on Page for more details)			
☐ All power conne	☐ All power connections to the control panel are verified to be water tight (NEMA 4 rated)			
☐ The system is fi available)	☐ The system is fully charged and free of non-condensables (only applies to condensers, fluid coolers are also available)			
	The refrigerant piping complies with BAC's recommendations (see Part 3 of the Rigging, Installation, Operation & Maintenance Manual on Page for more details)			

In-site commissioning will not be scheduled without completion of the above. Any non-conformity with the above equirements may result in additional commissioning time and associated charges.	
ignature:	
rinted Name:	

The undersigned hereby certifies that he information provided above is true and correct to the best of his knowledge and

belief. Please note scheduled commissioning time may be at least two weeks after receipt of this form.

Send the completed form to your local BAC representative and contact them to schedule start up at least four weeks before the desired commissioning date.