

SURNA SYSTEM COMISSIONING CHECKLIST

Project Information

Project Name _____ Contact Name _____
 Project Address _____ Contact Number _____

 System Size _____ Dry Cooler Size _____
 Date of Startup _____

Startup Checklist - Required

- _____ All system piping complete
- _____ All equipmemnt on plans installed
- _____ System water tested for leaks prior to insulating
- _____ All equipment connected to power and power on (chiller should not be powered on until Surna representative is on site)
- _____ System filled with correct water and glycol mixture
- _____ At least 1 room with working lights for heat load
- _____ All system balancing valves installed

By my signature below, I confirm that all portions of the checklist have been completed. If any portion of the checklist has not been complete, I acknowledge that additional visits by Surna technicians may be necessary, and I will be responsible for associated expenses and fees.

_____ Customer Approval

_____ Date

_____ Print Name

_____ Title

_____ Contractor / Installer Signature

_____ Date

_____ Print Name & Title

_____ Title