



LAARS Pre-Startup Check List by Mechanical Contractor

Model number \_\_\_\_\_ Serial number(s) \_\_\_\_\_

Job site name and address \_\_\_\_\_

- I have read and understand the Installation and Operation Instructions.
Installation is complete and appliance is permanently connected to water, power and venting (no temporary connections are permitted).
Gas supply pressure to the appliance is between 4" and 13" w.c., and in accordance with the rating plate on the appliance.
All gas regulators have been sized properly and a lock-up regulator is used if the incoming pressure exceeds 15" w.c.
Venting system is sized and installed according to manufacturer's recommendations and in compliance with B149.
Barometric Dampers are present if required (MightyTherm2 require if common vented or vent height > 25')
Combustion Air Openings and Inlet ducting meet the minimum of the B149 or larger.
Piping is sized and installed according to the Installation and Operation Instructions and local Code.
Pumps have been sized and installed according to the Installation and Operation Instructions and pump manufacturer's recommendations.
Appliance has been filled with water and purged of all air and the system set to the Installation and Operation Instructions' recommended operating pressure.
External controls, such as building management controls, are installed, wired and ready to operate.
Units have AC Power Supplied and confirmed with-in power specifications.
All pressure relief valves and condensate drains (if applicable) are piped to the floor / drain.
Mechanical room is clean and free of debris and hazardous obstacles.
BC Safety Authority Commissioning Approval Request form completed for forced draft appliance over 409600 BTU/hr

\*Each item must be verified to enable factory startup.

Mechanical Contractor \_\_\_\_\_ Contact \_\_\_\_\_ Contact Number \_\_\_\_\_

Gas Fitter \_\_\_\_\_ Lic # \_\_\_\_\_ Contact \_\_\_\_\_ Contact Number \_\_\_\_\_

Commissioning "A" Fitter \_\_\_\_\_ Lic # \_\_\_\_\_ Contact \_\_\_\_\_ Contact Number \_\_\_\_\_

Start-up Request Date/Time \_\_\_\_\_

Date \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_

Please fax signed copy to 604-525-4774 or email sales@jsasales.com