



Xetex, LLC
 9405 Holly St NW, Suite E
 Coon Rapids, MN 55433
 Phone 612-724-3101 Fax 612-724-3372
www.xetex.com

Customer Checklist before Start-up

The following form must be completed by the Contractor or the Xetex Representative and emailed to service@xetex.com two weeks before the start-up is to begin. All these tasks must be done before the technician arrives on site.

IF THE EQUIPMENT IS NOT READY TO BE WORKED ON THE CUSTOMER WILL BE BILLED FOR THE ADDITIONAL TRAVEL EXPENSES TO RETURN TO THE JOBSITE.

Job Name:	Date:
Job Number:	Serial Number: Unit Tag Number:
Site Address:	Owner: Name: Phone: Cell:
Installation Contractor: Name: Phone: Cell:	General Site Contractor: Name: Phone: Cell:
Control contractor if controlled by others: Name: Phone: Cell:	Representative: Name: Phone: Cell:

Tasks that must be completed

Verify the following			
1. Unit electrical wiring is connected and energized	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
2. Control wiring is complete	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
3. Controls fully installed (if by others)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
4. Ductwork is installed	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
5. Gas lines connected	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
6. Gas line pressure checked	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
7. Water coils piped	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
a. Hot Water	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
b. Cold Water	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
c. Water for Humidification	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
d. Source Sink for Coax	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
8. Water piped to Water cooled Heat pump	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
a. Water Quality Inspection Report for water cooled heat pump	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
b. Water has been balanced	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
9. If unit has refrigeration, verify crankcase heaters are energized 24-48 hours prior to startup.	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
10. All field installed parts available	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A

Rep Supplied Equipment

Ladder	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
Refrigerant Reclaimer	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
Extra Refrigerant	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
Nitrogen	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A





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Safety & Access

Is a special ID or clearance required for access to the jobsite?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
Has a COI (certificate of insurance) been obtained if required?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
Is Fall Protection Required?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
Any special Safety Concerns?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
Miscellaneous Permits (Burn etc.)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
Hard Hat required?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
High Visibility vest required?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A

Notes:

Verified by:

Print Name

Signature

Date