



Support Request and Report Form

The Request portion of this form (pages 1&2) must be completed by the contractor.

Please return completed form to Shelly Tetreault (stetreault@fiainc.com or via fax 781-933-3965)

We will confirm back to finalize startup date

Job Name

Address	City	State	Zip

FIA Salesperson	Contractor

Contractor PM	Contractor PM Phone	Contractor PM Email

Job Site Contact	Contact Phone	Contact Email

Alternate Contact	Alternate Contact Phone	Alternate Contact Email

Date of Request	Alternate Dates	Jobsite Hours

Unit 1	Manufacturer	Model Number	Serial Number

Unit 2	Manufacturer	Model Number	Serial Number

Unit 3	Manufacturer	Model Number	Serial Number

Unit 4	Manufacturer	Model Number	Serial Number

NOTE: If equipment is operated with any of the safety and or warranty discrepancies listed in the Notes Section, the customer could be responsible for any and all safety issues and/or non-warranty damage to the equipment caused by equipment operation.

_____ Customer



Types of Support Requested:

- Start UP
 Warranty
 Owner Training
 Pre-Natal
 Other Describe: _____

Pre-StartUp Checklist

	Yes	No	N/A
Proper piping according to Enginner/Manufacturer Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Properly sized gas supply line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate gas Supply (upstream 4-14") pressure to the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All gas supply lines purged of air per NFPA 54?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the piping installed and water on the system and purged of air?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper venting of the system to the atmosphere per manufacturers specifications and National Fuel Gas Code?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper voltage supply to the system- All connections are made and comply to all local codes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a BMS controlling the operation of the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes what protocol? _____			
Is there a hardwire enable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a 0-10V Signal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the Service Clearences of the manufaturer been met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this a Primary/Secondary system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the system pump operating properly with adequate flow in system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the boiler pumps wires to the boiler pump contacts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this a Full Flow system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes are there control valves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes are they wired to the boiler pump contacts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Jobsite Requirements (safety, health, etc...)



Startup/Support Report Notes and Drawings Form

Work Order Number:	Job Name:

Additional Instructions/Work to be Completed
