



"A 100% Employee Owned Company"

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**Mechanical Equipment
 Sales & Service**

START UP / TRAINING REQUEST FORM
 Return This Form Via Email or Fax# 301-490-9518

Type of Service Requested: <small>(please check appropriate box)</small>	Start Up:		Training:		Requested Date	
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Contractor:		C-W Sales Engineer:	
Project Name:			
Address:	City:	State:	Zip Code:
Jobsite Contact:	Jobsite Contact Number:		
Project Manager:	Project Manager Phone:	Office:	Cell:

<u>Equipment to be Started / Demonstrated (Please list equipment Model Number, Horse Power or Btu's)</u>

Hydronic Pumps	<u>Yes</u>	<u>No</u>
1. Confirm all Pumps are piped and mounted correctly.		
2. Check that the suction or discharge lines are not forced into position.		
3. Check that there is a strong, rigid support for the suction and discharge lines.		
4. Confirm all Pump bases are properly secured and grouted to concrete foundation.		
5. Inspect Area around pump for recommended service clearance.		
6. Pipe union/flanges located to allow pump removal.		
7. If isolation is used check that flexible piping is used on both the suction and discharge sides of the pump.		
8. Pipes are supported independently of the pump.		
9. Insulation installed allows for service.		
10. Maintenance access acceptable for unit and components per manufacturer's instructions and/or specifications.		
11. Check that the bearing assembly grease fittings are accessible and visible and are not covered.		
12. Check that the vent slots on the sides and bottom of the bearing assembly are uncovered and completely open.		

Boilers or Water Heaters	<u>Yes</u>	<u>No</u>
1. Are all the units ready for start up?		
2. Confirm all units piped in correctly, per the installation & operation manual?		
3. Are all the units properly vented per the installation & operation manual?		
4. Are the units adequately provided with Combustion air piping? Or Louver?		
5. Are units gas piping correctly piped per installation and operation manual?		
6. Are units completely wired & power available for operation?		

Authorized Signature: _____

Date: _____

Printed Name: _____

Title: _____

I hereby authorize request for Start-Up and/or alignment. I acknowledge that all equipment that is deemed not ready for requested service is subject to additional cost to complete start-up and/or alignment.

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