

Supersedes: 100.50-CL1 (914)

Form 100.50-CL1 (1014)



**SERIES 100 PACKAGED ROOFTOP
WITH IPU CONTROL**

MECHANICAL CONTRACTOR INSTALLATION CHECKLIST AND UNIT SETUP DATA SHEET

CUSTOMER: _____ JOB NAME: _____
 ADDRESS: _____ LOCATION: _____
 PHONE: _____ CUSTOMER ORDER NO: _____
 JCI TEL NO: _____ JCI ORDER NO: _____ JCI CONTRACT NO: _____

UNIT MODEL NO: _____ UNIT SERIAL NO: _____
 The work (as checked below) is in process and will be completed by: _____ / _____ / _____
Month Day Year

The following work must be completed in accordance with installation instructions:

A. Installing Contractor Checklist

1. Has the ductwork been connected to the unit?
2. Has all the power wiring been completed?
3. Has all the control wiring been completed?
4. If the unit is constant volume, has a thermostat or zone sensor been installed?
5. If the unit is SZVAV, has a hardwired or communicated zone sensor been installed?
6. If applicable, has the Building Automation System been connected to the unit?
7. If applicable, has all pneumatic tubing been installed between duct static, and building static pressure transducers to their proper location per IOM manual?
8. If applicable, has the outdoor pressure reference and tubing been installed?
9. Have all the condensate drains been properly installed and primed?
10. If applicable, has the gas line been installed and purged of air? Is the incoming gas pressure within the specified range?
11. If applicable, has the hot water/ steam piping been completed?
12. If applicable, have clean filters been installed?
13. Has the unit been air balanced?
14. If applicable, has there been freeze stats installed downstream of the unit to protect hot water/steam coils in VAV boxes.
15. Has a list of setpoints been supplied to the startup technician? These will vary by unit application and size.

If Johnson Controls is performing the startup, all applicable items MUST be completed before the startup can be performed. If any of the items are not complete, it will be at the discretion of the JCI branch whether to perform startup or not. Any extra time needed to perform the startup due to non completion of the above list will be charged to the installing contractor.

Owner's operating personnel is responsible for ensuring all installation work is complete:

Name: _____
 Phone Number: _____
 Name: _____
 Phone Number: _____
 Name: _____
 Phone Number: _____

JCI OR CONTRACTOR'S RESPONSIBILITIES AND INSTRUCTIONS TO USE FORM

This installation checklist provides a quick way to check if all necessary installation work was completed in accordance with installation instructions found in the units IOM, and when completed, acts as a request for Johnson Controls to furnish startup supervision.

Complete this form as follows:

1. Complete the previous page.
2. Check off each item as required. Cross out (x) items that do not apply.
3. Enter names and phone numbers of the operating personnel responsible for ensuring all installation work is completed.
4. **Bottom of Form:** Enter the date that the Johnson Controls startup technician should be at the job site and the name(s) of the supervisor(s) to be contacted.
5. Retain one copy in files and send one copy to customer / owner, and forward another copy to the local Johnson Controls branch office.

REQUEST FOR STARTUP

With reference to the terms of the above contract, we are requesting the presence of your JCI Authorized Representative at the job site on

____ / ____ / ____ to start the system and instruct operating personnel. Have the JCI representative contact: _____
Month Day Year Name/Phone

We understand that the services of the Johnson Controls Authorized Representative will be furnished in accordance with the contract for a period of time of not more than _____ consecutive normal working hours, and we agree that a charge of _____ per diem plus travel expenses will be made to Johnson Controls if services are required for longer than _____ consecutive normal hours or if repeated calls are required, through no fault of Johnson Controls.

Customer/Contractor Signature: _____

Title: _____

Form Completed by: _____