



Commissioning Report (9100 Series)

Rev 2

CUSTOMER DETAILS

End user: _____
Install date: _____ Start-up date: _____
Site address: _____
City: _____ State/Province: _____ Postal Code: _____
Contact: _____ Phone: _____

CONTACT INFORMATION

Distributor: _____ Phone: _____
Electrical Contractor: _____ Phone: _____
Plumber: _____ Phone: _____
HVAC Contractor: _____ Phone: _____
Design Engineers: _____ Phone: _____
Steffes Start-up Tech: _____
Power Company: _____

UNIT INFORMATION

Unit #: _____ Total # of Units Installed at Site: _____
Model number: _____ Serial number: _____

Electrical Installation

	<u>N/A</u>	<u>Yes</u>	<u>No</u>	<u>Comment</u>
Main Power Supply Voltage: _____ VAC				
Single Feed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wire Size: _____ AWG				
Step-Down Transformer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Size/Configuration: _____				
Multi Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wire Size: _____ AWG				
Unit Labeled as Such:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Controls Circuit Voltage: _____ VAC				
Number of Wires: _____				
Over-Current Protection in Place:				
<input type="checkbox"/> Fuse <input type="checkbox"/> Circuit Breaker Size _____				

Installation Related	<u>N/A</u>	<u>Yes</u>	<u>No</u>	<u>Comment</u>
Room Size: _____				
# of Units in Room: _____				
Room Ventilation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Min Clearance Requirements Satisfied:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Top = 8" (from combustible):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bottom = 1" (from combustible):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Back = 8":	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Right side = 12":	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Left side = 36" (for ease of servicing):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Front = 36" (for ease of servicing):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Assembly	<u>N/A</u>	<u>Yes</u>	<u>No</u>	<u>Comment</u>
Head Correctly Positioned on Base:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fit & Finish Damage Free:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper Wiring Placement:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Limit Harness:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pump Wiring:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Low Voltage (Segregated):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

WIRING

Low Voltage	<u>N/A</u>	<u>Yes</u>	<u>No</u>	<u>Comment</u>
Thermostat Connections				
Connected to t-block correctly:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unit Displays "H3" with Heat Call:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outdoor Sensor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Connected to T-Block "OS" positions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Elements	<u>N/A</u>	<u>Yes</u>	<u>No</u>	<u>Comment</u>
Connected to Correct Core:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Connection Torque:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
All "ON" per Core:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
All "OFF" per Core:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Amp Draw:	
Element 1 = _____ Amps	Element 10 = _____ Amps
Element 2 = _____ Amps	Element 11 = _____ Amps
Element 3 = _____ Amps	Element 12 = _____ Amps
Element 4 = _____ Amps	Element 13 = _____ Amps
Element 5 = _____ Amps	Element 14 = _____ Amps
Element 6 = _____ Amps	Element 15 = _____ Amps
Element 7 = _____ Amps	Element 16 = _____ Amps
Element 8 = _____ Amps	Element 17 = _____ Amps
Element 9 = _____ Amps	Element 18 = _____ Amps

Correct Readings:	208 V = 19.3 Amps	240V = 18.5 Amps
	277V = 15.2 Amps	347V = 12.8 Amps

Core Blower Energizes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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PLUMBING

Pump	<u>N/A</u>	<u>Yes</u>	<u>No</u>	<u>Comment</u>
Model: _____				_____
Placement: _____				_____
Flow Rate: _____ GPM (30 Max)				
Amp: _____ Amps				
Unit Pump Powered by Unit:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Plumbing Loop	<u>N/A</u>	<u>Yes</u>	<u>No</u>	<u>Comment</u>
Design				
Single Large Zone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hot Zone:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Glycol added to system:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Percentage of glycol used: _____ %				
Water Flows when pump is energized:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water Temperature:				
Faceplate Display Readout (C__): _____				
System Supply Line Actual: _____				
Flow Balancing Valves Installed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Back Flow Prevention in Place:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pressure Relief Valve _____ PSI				
System Pressure _____ PSI				

PEAK/SYSTEM CONTROL

	<u>N/A</u>	<u>Yes</u>	<u>No</u>	<u>Comment</u>
Power Line Carrier Installed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Configuration: <input type="checkbox"/> Single Phase <input type="checkbox"/> 3 Phase				
Communication Hit Rate: _____ %				
Communication Channel: _____				
DS #1 – Invert Peak Setting: <input type="checkbox"/> Off <input type="checkbox"/> On				
Direct Wire from Utility Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Connected to R & RP t-block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wire Segregated from Line Voltage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bacnet Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Building Load Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brand: _____				

UNIT CONFIGURATION SETTINGS

Software Version: _____

Location Number	Function	Recommended Setting	Actual Setting
L010	Off-Peak Charge Method	5	
L012	Start Charge O/D Temp	50	
L013	Full Charge O/D Temp	10	
L020	PLC Communication Channel	Match to the channel selected at PLC	
L035	Controls Configuration	8	
L036	Control Switch Configuration	0	
L037	Output Control Configuration	2	
L043	Charge Factor	30	
L046	Heat Pump Compressor O/D Lock-Out Temp for Off-Peak Mode	5	
L047	Heat Pump Compressor O/D Lock-Out Temp for ON-Peak Mode	5	
L048	Minimum Discharge Air Temp	90	
L000	Maximum Outlet Water Temp	Application Dependent	
L001	Minimum Outlet Water Temp	Application Dependent	
L060-L089	Time Clock Configuration	N/A	

Name:

Signature:

Date: