

# COPPER-FIN & COPPER-FIN II INSTALLATION CHECKLIST

Date: \_\_\_\_\_  
Job Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Model Number: \_\_\_\_\_  
Serial Number: \_\_\_\_\_  
New Construction  
Retrofit  
Replacement

## List of Additional Equipment on Jobsite

Boiler: \_\_\_\_\_  
Water Heater: \_\_\_\_\_

## Temperature Settings

High Limit: \_\_\_\_\_  
Stage 1: \_\_\_\_\_ Stage 2: \_\_\_\_\_ Stage 3\*: \_\_\_\_\_ Stage 4\*: \_\_\_\_\_  
Differential: \_\_\_\_\_ Differential: \_\_\_\_\_ Differential: \_\_\_\_\_ Differential: \_\_\_\_\_  
Inlet Water Temperature: \_\_\_\_\_ Outlet Water Temperature: \_\_\_\_\_ Delta T: \_\_\_\_\_

## Inlet Gas Supply Pressure (inches of water column)

Gas Cock Reading: Unit On: \_\_\_\_\_ Unit Off: \_\_\_\_\_  
Natural Gas                  Liquid Propane Gas

## Manifold Gas Pressure (inches of water column)

Gas Valve 1 : \_\_\_\_\_ Gas Valve 2: \_\_\_\_\_ Gas Valve 3\*: \_\_\_\_\_  
Gas Valve 4\*: \_\_\_\_\_ Gas Valve 5\*: \_\_\_\_\_ Gas Valve 6\*: \_\_\_\_\_

*Note: If gas supply pressure drops significantly upon startup, a gas supply problem may be present. Please investigate gas supply piping and determine total Btu/hr demand on the meter and supply line.*

## Air Pressure (inches of water column)

Left Side Blower\*: \_\_\_\_\_ Right Side Blower: \_\_\_\_\_

## Venting Configuration

Conventional                  Outdoor                  Aire-Lock Direct Vent\*                  Sidewall\*  
Powered Sidewall\*                  Powered DirectAire Horizontal\*  
DirectAire Vertical\*                  DirectAire Vertical w/ Sidewall Inlet\*

Draft Readings (inches of water column): Unit On: \_\_\_\_\_ Unit Off: \_\_\_\_\_

Combustion and Ventilation Air Openings: Total Square Inches: \_\_\_\_\_

**Additional Information** (please note piping arrangements, pipe sizes, EMS connections, options, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Start-Up performed by (please print):

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_

## Start-Up accepted by (please print):

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Signature: \_\_\_\_\_



Return To: Service Department  
Lochinvar Corporation  
300 Maddox Simpson Pkwy  
Lebanon, TN 37090

\* If Equipped

White – Return To Lochinvar

Yellow – For Your Records

Pink – Customer Copy

## INTELLI-FIN INSTALLATION CHECKLIST

Model \_\_\_\_\_ S/N \_\_\_\_\_ Start-Up Date \_\_\_\_\_  
 Neuron I.D. Number ( Located on rear of unit adjacent to terminal connections ) \_\_\_\_\_  
 Job Name \_\_\_\_\_ New Project \_\_\_\_\_ Retrofit \_\_\_\_\_  
 Address \_\_\_\_\_ Natural Gas \_\_\_\_\_ Propane \_\_\_\_\_

1. How many units are at this location? \_\_\_\_\_ Boiler? \_\_\_\_\_ Water Heater? \_\_\_\_\_ Sequencer? \_\_\_\_\_
2. What is the total BTU/Hr requirement of all gas equipment at this location? \_\_\_\_\_ BTU/Hr.
3. Visually inspect gas pipe, regulator, and meter sizing. Is it sized properly for this BTU requirement? YES/NO If NO , describe discrepancies: \_\_\_\_\_

4. Measure and record incoming Static Gas Pressure (no units operating) \_\_\_\_\_ inches W.C. Active Gas Pressure (all units operating) \_\_\_\_\_ inches of W.C.
5. Measure and record supply voltage \_\_\_\_\_ VAC. (unit operating)
6. Bleed air from the by-pass piping by opening bleed valve in pump housing. Is the bleed valve and tubing properly installed? YES/NO. Comments \_\_\_\_\_

7. Disconnect the By-pass valve wire harness. Depress clutch release on valve actuator. Manually move valve to the **CLOSED** position (Arrow pointer on valve handle indicates closed at 0-Degrees and full open at 90-Degrees).  
**NEVER MOVE LEVER WHILE POWER IS APPLIED TO THE VALVE.**  
 AT 100% FIRE, read and record: Inlet Temp. \_\_\_\_\_ Outlet Temp. \_\_\_\_\_ Delta-T \_\_\_\_\_  
 Comments: \_\_\_\_\_

8. Reconnect By-pass wire harness and observe the cold start-up By-pass synchronization process. \_\_\_\_\_
9. VENTING: Vertical Flue \_\_\_\_\_ Horizontal Flue \_\_\_\_\_ Equivalent Flue Length \_\_\_\_\_ Ft.  
 Flue Diameter \_\_\_\_\_ Inches Flue Material \_\_\_\_\_  
 Drain T installed with trap loop? YES/NO \_\_\_\_\_ Drain T piped to: Drain \_\_\_\_\_ Neutralizer Tank \_\_\_\_\_  
 Corrections needed for flue venting \_\_\_\_\_

10. AIR INLET: Vertical Pipe \_\_\_\_\_ Horizontal Pipe \_\_\_\_\_ Combustion and Ventilation Air Openings \_\_\_\_\_  
 Equivalent Pipe Length \_\_\_\_\_ Ft. Pipe Diameter \_\_\_\_\_ In. Louver Openings Total \_\_\_\_\_ Sq. In.  
 Pipe Diameter \_\_\_\_\_ In. Pipe Material \_\_\_\_\_  
 Clearance between Air Inlet & Flue Outlet (Direct vent Installation) \_\_\_\_\_ Inches.  
 Corrections needed to air inlet piping or openings \_\_\_\_\_

11. Heat exchanger condensate piped to: Neutralizer Tank \_\_\_\_\_ Drain \_\_\_\_\_
12. List all remote mounted control devices installed \_\_\_\_\_

13. Modem Phone Number \_\_\_\_\_
14. Measure and record service clearances from nearest obstructions. ( Minimum 24 in. required for service )  
 Front \_\_\_\_\_ Rear \_\_\_\_\_ Top \_\_\_\_\_  
 Corrections needed to meet clearance requirements \_\_\_\_\_

15. Construction Filter in place upon arrival? YES/NO \_\_\_\_\_ Removed before departing? YES/NO \_\_\_\_\_
16. Final Settings: Set Point Temp. \_\_\_\_\_ Max. Set Point \_\_\_\_\_ O.A. MIN. \_\_\_\_\_  
 Operating Sensor \_\_\_\_\_ Sequencing Type \_\_\_\_\_ Heater ID. \_\_\_\_\_

17. Command Display Password: \_\_\_\_\_
18. Was unit operating when you left job site? YES/NO \_\_\_\_\_
19. Installation Checklist performed by ( please print )  
 Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_

20. Start-up accepted by:  
 Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Company \_\_\_\_\_

**TO: SERVICE DEPARTMENT**



Lochinvar Corporation  
 300 Maddox Simpson Pkwy  
 Lebanon, TN 37090

**POWER-FIN EXT. INSTALLATION AND  
START-UP CHECKLIST**

Date: \_\_\_\_\_ Serial Number: \_\_\_\_\_ Model Number: \_\_\_\_\_

Neuron I.D. Number (Located on rear of unit adjacent to terminal connections) \_\_\_\_\_

Job Name: \_\_\_\_\_ New Project  Retrofit

Address: \_\_\_\_\_ Replacement

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Natural Gas  Propane

1. How many units are at this location? \_\_\_\_\_ Boiler  Water Heater  Sequencer

2. What is the total Btu/hr requirement of all gas equipment at this location? Btu/hr: \_\_\_\_\_

3. Visually inspect gas pipe, regulator, and meter sizing. Is it sized properly for this Btu requirement? YES  NO

If No, discrepancies: \_\_\_\_\_

4. Measure and record incoming Static Gas Pressure (no units operating) \_\_\_\_\_ inches of W.C. Active Gas Pressure (all units operating) \_\_\_\_\_ inches of W.C.

5. Measure and record supply voltage \_\_\_\_\_ VAC. (unit operating).

6. VENTING: Vertical Flue \_\_\_\_\_ Horizontal Flue \_\_\_\_\_ Equivalent Flue Length \_\_\_\_\_ Ft.

Flue Diameter \_\_\_\_\_ inches Flue Material \_\_\_\_\_

Drain T installed with trap loop? YES  NO  Drain T piped to: Drain \_\_\_\_\_ Neutralizer Tank \_\_\_\_\_

Corrections needed for flue venting \_\_\_\_\_

7. AIR INLET: Vertical Pipe \_\_\_\_\_ Horizontal Pipe \_\_\_\_\_ Combustion and Ventilation Air Openings \_\_\_\_\_

Equivalent Pipe Length \_\_\_\_\_ Ft. Pipe Diameter \_\_\_\_\_ In. Louver Openings Total \_\_\_\_\_ Sq. In.

Pipe Diameter \_\_\_\_\_ In. Pipe Material \_\_\_\_\_

Clearance between Air Inlet & Flue Outlet (Direct vent Installation) \_\_\_\_\_ inches.

Corrections needed to air inlet piping or openings \_\_\_\_\_

8. List all remote mounted control devices installed \_\_\_\_\_

9. Measure and record service clearances from nearest obstructions. (Minimum 24 in. required for service)

Front \_\_\_\_\_ Rear \_\_\_\_\_ Top \_\_\_\_\_

Corrections needed to meet clearance requirements: \_\_\_\_\_

10. Construction Filter in place upon arrival? YES  NO  Removed before departing? YES  NO

11. Final Settings: Set Point Temp. \_\_\_\_\_ Max. Set Point \_\_\_\_\_ O.A. MIN. \_\_\_\_\_

Operating Sensor \_\_\_\_\_ Sequencing Type \_\_\_\_\_ Heater ID. \_\_\_\_\_

12. Was unit operating when you left job site? YES  NO

13. Start-Up performed by (please print):

Name \_\_\_\_\_ Company \_\_\_\_\_ Phone \_\_\_\_\_

14. Start-Up accepted by (please print):

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Company \_\_\_\_\_



Mail/Fax Completed Form to:  
Service Department (615-547-1000)  
Lochinvar Corporation  
300 Maddox Simpson Pkwy, Lebanon, TN 37090